# 422000388960

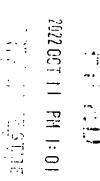
| (Re                     | questor's Name)   |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | Certificates      | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
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Office Use Only



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### **COVER LETTER**

| Division of Cor             | porations                                       |   |  |
|-----------------------------|---|---|--|
|                             | obooths LLC                                     |   |  |
| SUBJECT:                    | Name of Lim                                     | ited Liability Company  |  |
| The enclosed Articles of    | Amendment and fec(s) are sub                    | mitted for filing.  |  |
| Please return all correspo  | ondence concerning this matter                  | to the following:   |  |
|                             | Ashley Sox                                      |   |  |
|                             |   | Name of Person  |  |
|                             | Pose Photobooths LLC                            |   |  |
|                             |   | Firm/Company  |  |
|                             | 3409 Hamlet Loop                                |   |  |
|                             |   | Address   |  |
|                             | Winter Park, FL 32792                           |   |  |
|                             |   | City/State and Zip Code   |  |
|                             | ashleysox11@gmail.com  E-mail address: (        | to be used for future annual report notifi                          | cation)  |
| For further information c   | oncerning this matter, please ca                |   |  |
| Amir Khan                   |   | 407 373-3273  |  |
| Name o                      | l'Person  | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for the | ne following amount:                            |   |  |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres              |   | Street Address:   |  |
| Registration S              |   | Registration Sec  |  |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pose Photobooths Fosc Photobooks (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_09/06/2022 and assigned Florida document number <u>L22000388960</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

\_ Florida \_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>           | Type of Action  |
|--------------|----------------|--------------------------|-----------------|
| MGR          | Edward Sanchez | 14881 Oldham Dr.,        | <b>=</b> Add    |
|              |                | Orlando, FL 32826        | □Remove         |
|              |                | <del></del>              | ☐ Change        |
| MGR          | Amir Khan      | 1822 Good Neighbor Loop. |                 |
|              |                | Kissimmee, FL 34744      | □Remove         |
|              |                |                          | <b>■</b> Change |
| MGR          | Ashley Sox     | 3409 Hamlet Loop.        | □Add            |
|              |                | Winter Park, FL 32792    | □Remove         |
|              |                |                          | <b>■</b> Change |
|              |                |                          | □Add            |
|              |                |                          | □ Remove        |
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|              |                |                          | □Change         |

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| Note: | If the date inser | er than the date<br>d, the date must be spo<br>tted in this block do<br>late on the Departn | es not meet the a  | pplicable statut | ling or more than 9<br>ory filing require | (optional)<br>00 days after filing<br>ements, this date | ) Pursuant to 605,0207<br>will not be listed as |
|       |                   |   |                    |                  |   |   |   |
|       |                   | s a delayed effe<br>ter the record is   |                    | it not an effe   | ective time, a                            | 12:01 a.m.  | on the earlier of                               |
| Dated | October 7         |   | 2022               |                  |   |   |   |
|       |                   | an  |                    | Ao               | X   | ,k.ú  | <del></del>                                     |
|       |                   | Signat  | ure of a member of | autnorized repre | senuative of a men                        | IOCT  |   |
|       |                   |   |                    |                  |   |   |   |