## L22000394771

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) October 1971 Horizon
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED

2024 FEB 26 PM 3: 36

## **COVER LETTER**

10:		istration Sec ision of Corp				•	
OUD ID	~**	BYSHEY PHOTOGRAPHY LLC					
SORTE	CI:		Name of Lim	ited Liability Company	<u>`</u>		
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn	all correspon	ndence concerning this matter	to the following:			
			SHEILA CAMARGO TEI	XEIRA			
				Name of Person			
				Firm/Company			
			8449 GARDENS CIRCLE	E, APT 10			
				Address			
			SARASOTA, FL 34243				
				City/State and Zip Code		···	
				ENERALSERVICES@GMA to be used for future annual repo		<del></del>	
					on nouncation)		
For furth	ier ir	iformation co	oncerning this matter, please ca	all:			
SHEILA	4 CA	MARGO TI	EIXEIRA	772 521-2 at ( )	2656		
		Name of	Person	at () Area Code [	Daytime Telepho	ne Number	
Enclosed	d is a	check for th	e following amount:				
□ \$25.	.00 H	iling Fee	■ \$30.00 Filing Fee & 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)	
	Reg Div P.C	lling Address gistration S vision of Co D. Box 632 lahassee, F	Section orporations 7	The Centre		see	
				Tallahasse	e, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BYSHEY PHOTOGRAPHY LLC	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on SEPTEMBER 9, 2022 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BYSHEY MANAGEMENT AND GENERAL SERVICES LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8449 GARDENS CIRCLE, APT 10 🔀 🚗
Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34243
methal office address most be not reperfusion.	EB -
Enter new mailing address, if applicable:	8449 GARDENS CIRCLE, APT 10 200 P
Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34243
	77 3g
	<u> </u>
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the name of the new regis
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

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>	Address	Type of Action
<del></del>	<del></del>		□Add
			□ Remove
			☐ Change
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<del></del>			□Add
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			□Add
			□Remove
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			□ Add
		<del></del> .	□Remove
			□ Change

if amending any other into	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Note: If the date inserted in th	n the date of filing:
e record specifies a delayed eff rd is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
DatedFEBRUARY 19	2024
	Signature of a member or authorized representative of a member
CHET A CAMARA	ACO TEINEID A
SHEILA CAMAR	Typed or printed name of signee

Filing Fee: \$25.00