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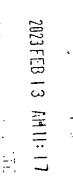
(Requestor's Name)
(Address)
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(Modiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , ,
(Degunget Museker)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to runing Officer.

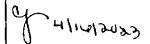
Office Use Only



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02/13/23--01016--015 **25.00





COVER LETTER

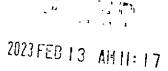
Registration Section Division of Corporations

TO:

Sommer:	hotography, Graphics 8 Name of Lin	ited Liability Company	· ···········			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Phillip Forde					
		Name of Person				
	Forde Photography,	Graphics & Drone Service	ce LLC			
		r and eximpling				
	1691 Forum PI, Suit	te B PMB 1001				
		Address				
	West Palm Beach, F	FL 33401				
	<u></u>	City/State and Zip Code				
	pmforde@yahoo.cor					
	E-mail address: (to be used for future annual report no	tification)			
For further information c	oncerning this matter, please c	all:				
Phillip Forde		at (561) 9068228	3			
Name of Person			me Telephone Number			
Enclosed is a check for the	ne following amount:					
≥ \$25.00 Filing 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)			
Mailing Address:		Street Address:				
Registration Section		Registration S				
Division of C P.O. Box 632	-		Division of Corporations The Centre of Tallahassee			
Tallahassee, I			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Forde Photography, Graphics & Drone Service LLC

(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 C	Company w	vere filed	on <u>November</u>	r 15 2022	and assigned
Florida document number <u>L22000489076</u>	 .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liabili	ity compa	ny here:		
Forde Photography Graphics & Drone Service					
The new name must be distinguishable and contain the words "Lim	nited Liability	y Company.	" the designation "	'LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)	<u>-</u>			
					
Enter new mailing address, if applicable:					 · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)					.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office ad	ldress on	our records, <u>en</u>	iter the name of	the new registered
Name of New Registered Agent:					
New Registered Office Address:					
		Ent	er Florida street aa	idress	· · · · · · · · · · · · · · · · · · ·
				, Florida	
		City		ž	Lip Code
New Registered Agent's Signature, if changing Registere	d Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete p gent as pr ed office a	erforman ovided fo	ce of my duties r in Chapter 6	s, and I am fami 05, F.S. Or, if th	liar with and iis document is

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>	Name	<u>Address</u>	Type of Action
			□Add
		 	□Remove
			Change
			□Add
		···	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
<u> </u>			□Add
		□Remove	
			□ Add
			□Remove
			□ Chance

	Name has been changed to remove the Comma.
·	
Effective	date, if other than the date of filing: (optional) reduce is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	s effective date on the Department of State's records.
he record sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated Fe	bruary 8 2023
	6/10/2
	Chily Forde
	Signature of a member or authorized representative of a member
	Phillip Forde
	Typed or printed name of signee

Filing Fee: \$25.00