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(Requestor	s Name)
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A. PARISHANI
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COVER LETTER

TO: Registration Section Division of Corporations

Messina	Photo Group LLC		
	Name of Lit	nited Liability Company	
The enclosed Articles of	Amendment and feets) are sul	bmitted for tiling.	202
lease return all correspo	ondence concerning this matter	to the following:	2023 SEP 25
	Fernando Messina		
		Name of Person	
	Messina Photo Group LLt		PH 1: 12
		Firm/Company	
	2701 COLUMBUS BLVI)	
		Address	
	CORAL GABLES, FLOR	IDA 33134	
		City/State and Zip Code	
	fernando@messina.ws		
	la-mail address: (to be used for future annual report noti	fication)
or further information c	oncerning this matter, please c	all:	
ernando Messina		305 4849395	
Name o	f Person	al () Area Code Daytim	e Felephone Number
nclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632	-	Division of Cor The Centre of T	*
Tallahassee, I			2 Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		255
	Messina Photo Group LLC		25
(Name of the Lir	nited Liability Company as it now appe (A Florida Limited Liability Company)	(rs on our records.)	7
The Articles of Organization for this Limited Florida document number	• • • • • • • • • • • • • • • • • • • •	12/01/2022	—
This amendment is submitted to amend the fe	ollowing:		
A. If amending name, <u>enter the new name</u> MESSINA PHOTO LLC			
The new name must be distinguishable and contain the		designation "L.L.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	licable: N/A		
(Principal office address MUST BE A STRE	<u>EET_ADDRESS)</u>		
	•		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE	<u> </u>		- .
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our i ress here:	records, <u>enter the m</u>	ume of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		

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.

 N/Λ

Enter Florido street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A			= Add
			Remove
			Change 2
N/A			27 Change 23 (F. Add 25
			•
			Remove
			N Change
N/A			
			⊏Remove
N/A			
			□Change
N/A			□Add
			□Remove
			□Change
N/A			□Add
			TRemove

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		2023 SF.
		<u> ξΕ΄.</u>
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	02(10/2021	
ive date, if other than the directive date is listed, the date must	late of filing:	optional) or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this blo nent's effective date on the De	ck does not meet the applicable statutory t	Tling requirements, this date will not be liste
icht seffeetive date on the FX	sartment of state 8 records.	
d specifies a delayed effective	date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day after
led.		
	2023	
July 40		

Typed or printed name of signee