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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

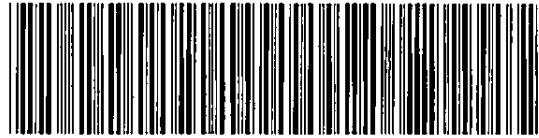
(Business Entity Name)

(Document Number)

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2024 MAR 20 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Photography by SB LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alana Brown

Name of Person

Photography by SB LLC

Firm/Company

8908 Citrus Village Dr. #206

Address

Tampa, FL, 33626

City/State and Zip Code

shane@photographybysb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alana Brown

813

786-5232

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAR 20 PM 3:06

RECEIVED

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

Photography by SB, 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 Company were filed on 12/16/2022 and assigned Florida document number L22000527133.

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 "L.L.C."

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:

Shane Brown

New Registered Office Address:

8908 Citrus Village Dr. #204

Enter Florida street address

Tampa, Florida 33626

City

Zip Code

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.



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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	Shane Brown	8908 Citrus Village Dr #206 Tampa, FL 33626	<input checked="" type="checkbox"/> Add
-----	-------------	---	---

☐ Remove

☐ Change

Mgr	Alana Brown		<input type="checkbox"/> Add
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☐ Remove

		8908 Citrus Village Dr #206 Tampa, FL 33626	<input checked="" type="checkbox"/> Change
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2024 MAR 20
SECRETARY OF STATE
TALLAHASSEE, FL
32306

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 MAR 20 PM 3:00
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2008 BY 60322
UCBAW

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 12, 2024

Deena Br

Signature of a member or authorized representative of a member

Alana Brown

Typed or printed name of signee

Filing Fee: \$25.00