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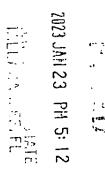
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	OGRAPHY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Treyce Lukasek		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	T.K PHOTOGRAPHY LL	.C	
		Firm/Company	
	3175 Easy St		
		Address	
	Port Charlotte, FI 33952		
		City/State and Zip Code	
	partytimesphotography@gr E-mail address: (nan.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Katie Lukasek		239 961-5368	
Name o	f Person	Area Code Daytir	nc 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	=
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JAN 23 PM 5: 12 T.K PHOTOGRAPHY 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 1/09/2023 and assigned Florida document number L23000017487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Party Times Photography, LLC 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: 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.

Cirv

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
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 -	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			Remove
			□ Change

-	
an effect lote: If	e date, if other than the date of filing:
record s I is filed	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
ated	·
<u> </u>	, > (
	Signature of a member or authorized representative of a member

. . . .