

L23000156435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

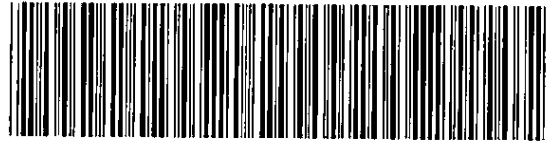
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/23--01035--003 **30.00

2023 OCT 17 PM 12:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

~~XXXX~~

R. HUNT

10/17/23

Tax Professional Services, LLC

A Financial Services Corporation
1105 W Maple Ave
Geneva, AL 36340
334-684-6398
334-684-7193 -fax
www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

October 10, 2023

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

FILED
DIVISION OF STATE
CORPORATIONS
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To whom it may concern,

Enclosed you will find: original and one copy of Articles of Amendment to Articles of Organization & check for payment.

Please register the enclosed Articles of Amendment to Articles of Organization for ChloeAlexis Photography, LLC and return the original recorded Articles to us.

Thank you,



Ulli Steiner
Tax Professional Services, LLC

Enc.

Cert#: 7022 2410 0001 5305 9120

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chloe Alexis Photography, 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:

Ulli Steiner

Name of Person

Tax Professional Services, LLC

Firm/Company

1105 W Maple Ave

Address

Geneva, AL 36340

City/State and Zip Code

ulli@taxprollc.com

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

For further information concerning this matter, please call:

Ulli Steiner

334

684-6398

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

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

Chloe Alexis 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 03/28/2023 and assigned
Florida document number L23000156435.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ChloeAlexis 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)

24555 US Hwy 331 S Unit G102

Santa Rosa Beach, FL. 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24555 US Hwy 331 S Unit G102

Santa Rosa Beach, FL. 32459

DIVISION OF CORPORATIONS
11th FLOOR
2023 OCT 17 PM 12:40

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:

24555 US Hwy 331 S Unit G102

Enter Florida street address

Santa Rosa Beach

City

Florida 32459

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>
AR	Ethan T Harris	2274 Bonifay Gritney Rd	<input type="checkbox"/> Add
		Bonifay, FL 32425	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chloe A Richbourg	24555 US Hwy 331 S Unit G102	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 17 11:12:40
DIVISION OF CONSTRUCTION
FLORIDA

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

N/A

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DIVISION OF CORPORATIONS
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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 October 4, 2023

Chloe Richbourg
Signature of a member or authorized representative of a member

Chloe A Richbourg

Typed or printed name of signee

Filing Fee: \$25.00