L23000215143

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

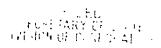
Division of Corp	porations		
SUBJECT: She	Name of Lim	Boutique L ited Liability Company	<u>LC.</u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Zoey	Gerstel Name of Person	
		Name of Person	
		F: (0	
		Firm/Company	
	3251 Er	ndsteyrd.	_
	- BLOOKE,	Ville, FL, 3460	
	Jamas	City/State and Zip Code	.com
	E-mail address: (uster @ gmail to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Zoey Ge	rstel	at (352) 397	-9681
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)
<u>Mailing Address</u> Registration S		Street Address: Registration Sect	tion
Division of C		Division of Corp	

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Shop Silver Boutique LLC. 2023 SEP 14 AH II: 27

(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 05 02 23 and assigned Florida document number <u>L23</u> 000 215143 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Zoey Nicole 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 , Florida _ City

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 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>	Type of Action
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			Change
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Dated 06/2	2020	$0 l \cdot 1$	_ / /		
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Dated 06/2	Signature of a	A member or authorized	representative of a m	ember-	