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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ہے: Email Address م

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTER SHOT SELFIES LLC

Certificate of Status	0
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Page Count	04
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Help

T. LEMIEUX JUN 29 2023

New Registered Agent's Signature, if changing Registered Agent:

## Fax: 20826

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTER SHOT SELFIES LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000296700</u> This amendment is submitted to amend the following:  A. If amending name, <u>enter the new name of the limited liability</u>	
The new name must be distinguishable and contain the words "Limited Liabif	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N STE 8207
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N STE 8207 St. Petersburg, FL 33702
SHARING MATERS MATERIAL POST OFFICE BOXY	St. Fetersburg, Pt 33702
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, enter the name of the new registered
	Florida
<del></del>	City Zip Code

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.

6/27/2023 15:18:48 PDT

To: 18506176383

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From: Registered Agents Inc.

Fax: 208268

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
AMBR	OCHOA, MELLISA	7901 4th St N STE 8207	🗀 Add
		St. Petersburg, FL 33702	□Remove
AMBR	OCHOA, CELIA	7901 4th St N STE 8207	□ Add
		St. Petersburg, FL 33702	□Remove
			<b>X</b> Change
			□Add
			Remove
			Change
		<del> </del>	□Add
			□Remove
			Change
			□Add
			∐Remove
			□Change
			□Add
			□Remove
			□ Change

To: 18506176383

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effec <u>Note:</u>   I	e date, if other than the date of filing:  (optional)  tive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
e record ed is file	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 d.
Dated _	June 27 . 2023 .
	Signature of a member or authorized representative of a member
	dignature of a mention of authorized representative of a method
	Nat Smith Typed or printed name of signee