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Certified Copies	Certificates of	Status
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Special Instructions t	o Filing Officer.	

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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration So Division of Cor			
	S DIGITAL LLC		
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELENIS MARTINEZ		
		Name of Person	
	ELENISM PHOTOGRAF	PHY + ART LLC	
		Firm Company	
	1913 SOUTH OCEAN D	R APT 206	
		Address	<del></del>
	HALLANDALE BEACH,	FL 33009	
		City'State and Zip Code	
	elenismartinez0803@gmi E-mail address: (	ail.com to be used for future annual report noti	heation)
For further information of	concerning this matter, please c		
ELENIS MARTINEZ		786 7150787	
Name o	of Person	at () Area Code Daytim	e Telephone Numbers
Enclosed is a check for t	he following amount:		TARR.
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fiftien Fee  Certifical Color  Certified Color  (additional color) enclor
Mailing Addre Registration	Section	<u>Street Address:</u> Registration Sec Division of Cor	
Division of C P.O. Box 63:	=""	The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
ny were filed on 07/12/2023	and assigned
ability company here:	
bility Company," the designation "LLC" or the	abbreviation "L.C."
e address on our records, enter the n	ame of the new register
	DZH OCT
	CT OCT
	PI ω
	33 - M
Enter Florida street address	
	77 75
	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 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
AMBR	HELEN MARTINEZ	1913 SOUTH OCEAN DRIVE APT 206	DAdd
		HALLANDALE BEACH, FL 33009	Remove
AMBR	KAREN MARTINEZ	1913 SOUTH OCEAN DRIVE APT 206	□Add
		HALLANDALE BEACH. FL 33009	Remove
			□Change
			DAdd
		SECRE LALLA	1007 3 Lichange
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<u>te:</u> 1	the date inserted in this block does not meet the applicable statutory thing requirements, this date will not be used
cume	n's effective date on the Department of State's records.
	to the state of the three transferring forms of 1200 and on the preling of the The 900h day after the
ecord 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 t I.
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	Signature of a meloher or authorized representative of a member