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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

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FEB - 5 2024

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COVER LETTER

TO: Registration Se Division of Cor	(((H240000448373)))		
ern mer	EB PHOTOGRA	PHY AND FILM CO. LLC	
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	elile 234@inclile.com F-mail address: t	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		1 (888) 462-34.	
Name o	f Person	at () Area Code Daytime	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)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of To	porations
rananassee, i	12 74 7 T	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240000448373)))

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000337411}{1.0000000000000000000000000000000000$	were filed on 07/17/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1150 Nw 72nd Ave Tower 1 Ste 455 #14848			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126			
Enter new mailing address, if applicable:	1150 Nw 72nd Ave Tower 1 Ste 4	55 #14848		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126	(2 -		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	824 Figure 1 E E E E E E E E E		
Name of New Registered Agent:		75 3 🗩		
New Registered Office Address:	Enter Florida sweet address	: 52		
	, Floric	da Zin Code		
	City	H_{ij} , $I' = J_{ij}$		

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.

2/2/2024 09:21:39 CST Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Eduardo Alvarado	1150 Nw 72nd Ave Tower 1	□Add
		Ste 455 #14848	
		Miami, FL 33126	
			□Remove
			□Change
			□Add
			□Remove
			FlChange
			□Add
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ctive date, if other than the date effective date is listed, the date must be inserted in this block ament's effective date on the Department of the date and delayed effective defective	t does not meet the appli etiment of State's records	cable statutory films.	g requirements, th	iis date will not be li	isted as t
filed.	Act our not all encourse	ome, at rz.or a.m.		o) The 70th day at	ter the
d FEBRUARY I	2024				
	ducivida f	Huarada			
Sig	nature of a member or auth	iorized representative	of a member		

Filing Fee: \$25.00