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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FAIL SAFE ACCOUNTING LLC

Account Number : I20230000132 Phone : (407)201-7988 Fax Number : (407)553-2856

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASSIDY CAPTURES PHOTOGRAPHY, LLC

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Corporate Filing Menu

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K. SALY

JAN 3 2025

P.O. Box 6327

Tallahassee, FL 32314

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COVER LETTER

TO: Registration Sec Division of Corp			
CASSIDY (CAPTURES PHOTOGRAPHY	, ELC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fec(s) are subn	nitted for filing.	
Please return all correspoi	ndence concerning this matter t	o the following:	
	FARAH CRUZ		
		Name of Person	
	FAIL SAFE ACCOUNTIN	G LLC	
		Firm/Company	
	20 S ROSE AVE STE 4		
		Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	INFO@FAILSAFETAX.CO	OM to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please or		
FARAH CRUZ		407 201-7988	
Nume o	f Person	at () Area Code Daytime Te	lephone Number
Enclosed is a check for the	ne foilowing amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	<u>ss:</u> Section	Street Address: Registration Section	
Division of C	Corporations	Division of Corpo	rations

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CASSIDY CAPTURES PHOTOGE	RAPHY, LLC	<u></u>	· %
(Name of the Limit	ed Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L23000365172</u>			ned-
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name of	the limited liability compan	y here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C	c."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i></i>		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on o <u>ss here</u> :	our records, enter the name of the new	registere
Name of New Registered Agent:	FAIL SAFE ACCOUNTING LLC		
New Registered Office Address:	20 S ROSE AVE SUITE 4		
HOW HORISHIES STILLS ASSESSED.	Ente	er Fiorida street address	
	KISSIMMEE	, Florida <u>34741</u>	
	City	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.

Farah Cruz
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: (((1124000411345 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	JAMES WILLIAM PILLAR	4521 BURROWING OWL LOOP	□Add
		ST. CLOUD, FL 34772	□Remove
			Change
CEO	CASSIDY ELIZABETH CLARK I	6275 SAND LAKE VISTA DRIVE 2212	□Add
		ORLANDO, Fl. 32819	■Remove
			Change
MGR	CASSIDY PILLAR	4521 BURROWING OWL LOOP	□Add
		ST. CLOUD, FL 34772	□Remove
			■Change
			JAdd
			□Remove
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be pri does not meet the app	licable grammor? in	(option r more than 90 days after fi ling requirements, this	ling) Pursuant to 605.0207 (3)(b)
e record specifies a delayed effective da rd is filed.	ite, but not an effectiv	e time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after the
Dated	2024	·		
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