

L23000371438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

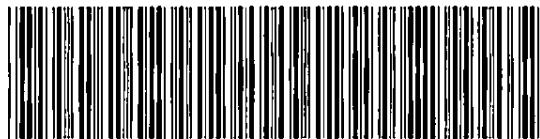
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800414199488

08/18/23--01022--019 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

F.I.L.E.D.

2023 AUG 18 PM 1:11

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Miami Photo Pro, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrii Shuiskyi

Name of Person

Miami Photo Pro, LLC

Firm/Company

3201 Emerald pointe drive, #211B

Address

Hollywood/FL 33021

City/State and Zip Code

established07@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrii Shuiskyi 305 5705062
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 AUG 18 PM 1:1

丁
二
四
四
四

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Miami Photo Pro, LLC

(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 08/08/2023 and assigned Florida document number 1.23000371438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

2023 AUG 18 PM 1:11
TILED
SECRETARY OF STATE
TALLAHASSEE, FL

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 _____ 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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Olena Shuiska	3201 Emerald pointe drive, #211B, Hollywood, FL 33021	<input checked="" type="checkbox"/> Add

Remove

Change

Add

Remove

Change

2023 AUG 18 PM
SECRETARY OF STATE
TALLAHASSEE, FL
FILED
11

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 AUG 18 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08/13/2023


Signature of a member or authorized representative of a member

Andrii Shuiskyi

Typed or printed name of signee

FILED
AUG 18 PM : 111