

To:

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From: ZenBusiness User

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

**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
RESCUE ANIMAL PHOTOGRAPHY LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Rescue Animal Photography 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 12/26/2023 and assigned
Florida document number 112400003763.

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:

205 Hammock Trail E D113

(Principal office address MUST BE A STREET ADDRESS)

Freeport, FL 32439

US

Enter new mailing address, if applicable:

205 Hammock Trail E D113

(Mailing address MAY BE A POST OFFICE BOX)

Freeport, FL 32439

US

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

MGR = Manager
AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|------------------|--------------------------|--|
| AMBR | Cynthia Cantwell | 205 Hammock Trail E D113 | <input checked="" type="checkbox"/> Add |
| | | Freeport, FL 32439 | <input type="checkbox"/> Remove |
| | | US | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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