(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

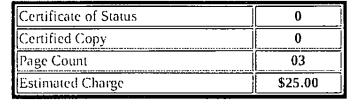
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 SIGNATURE SOIREE PHOTO BOOTH LLC



Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX dlaH

3/19/2024 10:18 23 PDT To: 13506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000019364</u> .	were filed on 01/08/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	<u> </u>
		2024 MAR
Enter new mailing address, if applicable:		45 <b>6 1</b>
Mailing address MAY BE A POST OFFICE BOX)		AHII:
		1: 35 STAT
B. If amending the registered agent and/or registered office a	nddress on our records, <u>enter the r</u>	::::::::::::::::::::::::::::::::::::::
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

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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>	Name	<u>Address</u>	Type of Action
AMBR	Lea Osceola	7901 4th St N STE 300	<b>∑</b> Add
		St. Petersburg, FL 33702	□Remove
			[]Change
			□Add
			ПRетюче
		□Change	
			□Add
			☐Remove
		Fladd	
		□Remove	
		Change	
		∐.Add	
		⊔Rеточе	
		□Change	
			□Add
			□Remove
			F: 63

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. Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not meet the ap	plicable statutory filir	optiona (optiona note than 90 days after filir ng requirements, this da	l) ig.) Pursuant to 605.0207 (3) to will not be listed as the
the record specifies a delayed effectord is filed.	tive date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	the 90th day after the
Dated 03/19	. 2024			
Wat	Signature of a member or a	The		
	Signature of a member or a	authorized representative	e of a member	<del>-</del>