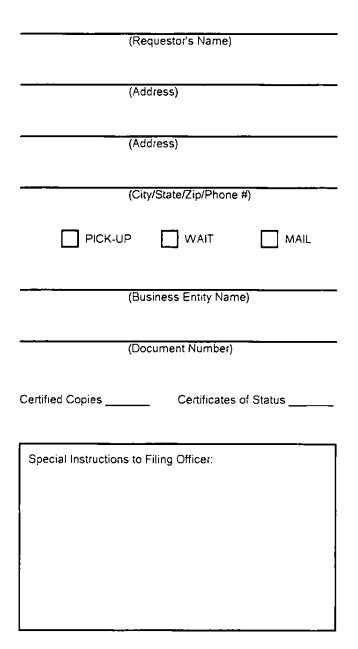
LZ4 0000 34193



Office Use Only



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02/29/24--01020--017 **35.00

(124) 11 25 FH 4: 23

COVER LETTER

TO: Registration Section of Corp.				
SUBJECT: West	tern Soul Ph Name of Limi	notography ted Liability Complany	LLC	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Ashley To	Name of Person		
	Western	Soul Photo	graphy	LLC
	11850 SE 30	3th ST Address		
	Morriston, F	L 32468 City/State and Zip Code		
	ashey @ wester	o be used for future annual rep	ort notification)	
For further information cor	ncerning this matter, please ca	il:		
Ashley Taylo	OC Person	at (<u>850</u>) <u>Le 7</u> Area Code	2-9536 Daytime Telephor	ne Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Western Soul Photo</u>	graphy LLC	
(Name of the Limited Liability Con (A Florida Limit	mpany as it new appears on our recorded Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comparing document number <u>L2400034193</u> .	any were filed on1/17/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	202
(Principal office address MUST BE A STREET ADDRESS)	
		Ţ <u></u>
		<u>ري</u> .
Enter new mailing address, if applicable:	NA	.o
(Mailing address MAY BE A POST OFFICE BOX)		
		28
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, ente	r the name of the new registered
New Registered Office Address:	Enter Florida street addr	Wff
	, F	lorida Zip Code
New Registered Agent's Signature, if changing Registered Age	•	·
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties, a as provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is
_H	U/A.	
II (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>	Name	Address	Type of Action
AMBR	Ashley Taylor	4982 Sue Pridgeon Rd. Perry, FL	
			Remove
····			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remave
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I would also like to add my assigned
EIN# 99-0941519
E. Effective date, if other than the date of filing: (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.
f 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 ecord is filed.
Dated March 25th, 2024.
Ashley Taylor Signature of a member or authorized representative of a member
Ashley Taylor Typed or printed name of signee

Filing Fee: \$25.00