

6/14/24, 1:31 PM

H24000208455 3

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H24000208455 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : I20170000063

Phone : (786)343-9023

Fax Number : (305)384-4684

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
PHOTO MEMORIES AMERICA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON

JUN 14 2024

Electronic Filing Menu

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Help

COVER LETTER H24000208455 3

**TO: Registration Section
Division of Corporations**

SUBJECT: PHOTO MEMORIES AMERICA 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:

MONICA LOPEZ

Name of Person

F&L ACCOUNTING SERVICES

Firm/Company

2414 NW 87TH PLACE SUITE 2414

Address

DORAL FL 33172

City/State and Zip Code

monicalopez@flaccountingllc.com

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

For further information concerning this matter, please call:

MONICA LOPEZ

786

267-4792

at ()

Name of Person

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

26 JUN 14 PM 12:35
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT H24000208455 3
TO
ARTICLES OF ORGANIZATION
OF**

PHOTO MEMORIES AMERICA 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 01/31/2024 and assigned Florida document number L24000058176.

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)

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

City

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.

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:

H24000208455 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NOCETTI, FERNANDO P	C/O FL ACCOUNTING 2414 NW 87 PL. STE 2414	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VINEY, JOHN D.	C/O F&L 2414 NW 87TH PLACE	<input checked="" type="checkbox"/> Add
		STE 2414	<input type="checkbox"/> Remove
		DORAL, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H24000208455 3

H24000208455 3

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

26 JUN 14 PM 12:35

RECEIVED
JUN 14 2024
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

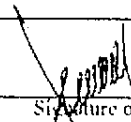
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 13 2024


Signature of a member or authorized representative of a member

FERNANDO P. NOCETTI

Typed or printed name of signee

Filing Fee \$25.00

H24000208455 3