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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C	
SUBJECT:	Erica Dunhill Photography, LLC Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	Erica Dunnill Name of Person
	Erica Dunkill Photography, LC
	6615 Pamela Lane
	WPB, FL. 33405 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
trica I	at (561) Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Add Registratio	n Section Registration Section
Division of	*Corporations Division of Corporations

endosed check#566

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	· · · · · · · · · · · · · · · · · · ·	not on raple as it now appears on colliny Company)	11 UC	<u>/. </u>	
The Articles of Organization for this Limited Liab Florida document number <u>L24006235</u>	ility Company w 985	ere filed on $\frac{5/2}{}$	1/2024	and ass	signed
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of the	ne limited liabili	ty company here:			
The new name must be distinguishable and contain the word	Is "Limited Liability	Company," the designa	tion "LLC" or the	abbreviation "L	.IC."
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			MJG 20 PK 1: 45	
B. If amending the registered agent and/or reg agent and/or the new registered office address		dress on our record	ls, <u>enter the na</u>	(7)	<u>w registered</u>
Name of New Registered Agent:	Eri	ca Dun	hill		<u>.</u>
New Registered Office Address:	6615	Pamela Enter Florida su	eet address	,	
	WPR	Cin	, Florida	3340	5_
New Registered Agent's Signature, if changing Reg	ustered Agent:	Onj		zap c.oue	

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>	Address	Type of Action
MGR	Erica Dunhill	6615 Pamela Lane	iti.Add
		West Palm Beach, Florid	
		33405	□ Change
AMBR (AP)	Rachel Azqueta	105 Gregory Road	□Add
(AP)	·	WPB, FL. 33405	<u>□</u> Remove
			□Change
AMBR (AP)	Kevin Dunhill	4615 pamela lane WPB, FL. 33405	∕ □Add
(A4)		WPB, FL. 33405	DRemove
		<u> </u>	□Change
			2024 AUS 2
		77	20 ☐Remove
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ffective date, if other than the date of filing:		(optional)	e 020'
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab			
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after	er the
ated 13 August 2024	.•		
Mr.			
	<u> </u>	,	
Signature of a member or authorize	zed representative of a mem	ber	