124 000 290 328

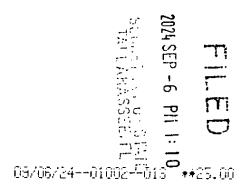


(F	Requestor's Name)			
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
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2024 SEP -6 PM 12: 50

COVER LETTER

Po: Registration Section of Corp			
SUBJECT:	nature Photo Name of Limi	Booths, LLC	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	_ Tia W	ashinatan Name oliperson	
		Firm/Company	
	2206 Del	ta Lane	
	Tallahasse Signature	City/State and Zip Code P bs P amail. (om to be used for future annual report notifications)	cation)
For further information co	ncerning this matter, please ca		
Tia Wash	mgton Person	at (850) 556 - Area Code Daytime	852S Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signature P	hoto Booths uc
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number $\underline{L24000290328}$	any were filed on <u>Time 27, 2004</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company "the designation "I I C" or the abbrevious "I I C"
	=
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	5. 6
	man I D
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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

. : , . ,

Title	<u>Name</u>	Address	Type of Action
<u>ambr</u>	Tra Washington	255 S. Orange Ave	
		Orlando, Fl. 32801	□ Remove
			(Change
AMBR	Shannon Mitchell	255 S. Orange Ave	□ Add
.:		Orlando, FL 32801	□ Remove
			BChange
AMBR	Polly Morgan	255 S. Orange Ave	🖸 Add
		Orlando FL 32801	□Remove
			©Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3)(i as the
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.	C
Dated 9/6/2024	
1-11-11	
Tig Washington Typed or printed name of signee	
yped of printed name of signee	

Filing Fee: \$25.00