L24000391401

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| SEP 13 2024 |
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2024 SEP 18 PH 3: 58

COVER LETTER

| Division of Co | | | |
|------------------------------|--|--|--|
| | k Photography, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing | |
| | pondence concerning this matter | - | |
| | Chanda B Vitucci-Muise | | |
| | | Name of Person | <u> </u> |
| | Baby Rock Photography, I | LLC | |
| | | Firm/Company | |
| | 2801 Quail Hallow Road V | v | |
| | | Address | |
| | Clearwater, FL 33761 | | |
| | | City/State and Zip Code | |
| | chanda@babyrockphotogra | phy.com to be used for future annual report noti | lication) |
| For further information | concerning this matter, please c | | meanon) |
| Chanda Vitucci-Muise | | 727 224-6476 | |
| Name | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| | ☐ \$30.00 Fiting 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 Addr Registration | | <u>Street Address:</u> Registration Se Division of Co | |

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| 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 | ARTICLES OF A | AMENDMENT | |
|---|---|---|--------------------------|
| The Articles of Organization for this Limited Liability Company were filed on September 9, 2024 and assigned. Florida document number L24000391401 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 "LLC." 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 Florida | ARTICLES OF O |) RGANIZATION F | May Co. |
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| Enter Florida street address, Florida | Name of New Registered Agent: | | |
| , Florida | New Registered Office Address: | 0.00 | |
| | | Enter Florida street address | |
| City Zip Code | | | |
| | | City | Zip Code |

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 amending Anthorized 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 |
|--------------|------------------------|--------------------------|----------------|
| MGR | Archie J Muise, JR | 2801 Quail Hallow Road W | □ Add |
| | | Clearwater, FL 33761 | ≅Remove |
| | | | □Change |
| MGR | Chanda B Vitucci-Muise | 2801 Quail Hallow Road W | |
| | | Clearwater, FL 33761 | □Remove |
| | | | Change |
| | | | 🗀 Add |
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| Effective date, if other than the date of filing: September 12, 2024 (optional) (option | _ | |
|--|----------------------------|---|
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| | Dated | |
| Chanda B Vitucci-Muise | | Signature of a member or authorized representative of a member |
| | | Chanda B Vitucci-Muise |

Filing Fee: \$25.00