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Division of Corporations

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: (850)617-6380

From:

Account Name : TAX S PRO CORP Account Number : I20200000147

Phone : (786)307-2733

Fax Number

: (954)420-7118

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

INFO@TAXSPRO.COM

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DANA ELIZA PHOTOGRAPHIC STUDIO INC

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COVER LETTER

Division of Corp	porations		
NAME OF CORPO	RATION:	HOTOGRAPHIC STUDIO	INC
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	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	ANWAR I PUELLO		
		Name of Contact Person	1
	TAX S PRO CORP		•
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	8030 PINES BLVD		
		Address	
	PEMBROKE PINES, FL 330	024	
		City/ State and Zip Code	<u>.</u>
	INFO@TAXSPRO.COM		
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For further information	on concerning this matter, plea	se call:	
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Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
	nendment Section		Iment Section
	rision of Corporations		on of Corporations entre of Tallahassee
). Box 6327 lahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

lo: +18506176380

Articles of Amendment to Articles of Incorporation oſ

currently filed with the	Florida Dept. of State)
	·
Number of Corporation (if	known)
utes, this Florida Profit Co	prporation adopts the following amendment(s) to
ation:	
····	77
ation," "company," or "inc "Co". A professional co in "P.A."	The new corporated" or the abbreviation "Corp.," poration name must contain the word
<u></u>	
•	
fice address in Florida, ei address:	nter the name of the
lorida street address)	
(Cir.)	, Florida
(Ciņy	(Zip Code)
d Agent: amiliar with and accept the	e obligations of the position.
	ation: ation: ation: "Co". A professional con "P.A." S) fice address in Florida, en address: forida street address) (City)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>x</u>	
X Remove	<u>v</u>	Mike Jo	nacs	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach addition	adding additional Art al sheets, if necessary).	(Be specific)				
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provisions for	nt provides for an exc Implementing the ame licable, indicate N/A)	hange, reclassifi endment if not e	cation, or cance ontained in the	llation of issued amendment itse	sbares, lf:	
			5	· · · · · · · · · · · · · · · · · · · 		
 						
						
						

The date of each amendment(s) as date this document was signed.	doption:		, if other than th
•	6/2023		
	(no more ti	than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the partment of State's record	applicable statutory filing requirements, this date will ords.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE))	
■ The amendment(s) was/were ado action was not required.	pted by the incorporator	rs, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders	s. The number of votes cast for the amendment(s)	
must be separately provided for	each voting group entitle	rs through voting groups. The following statement led to vote separately on the amendment(s): as/were sufficient for approval	
by	(voting group)	•	
Dated		·	
Signature			
(By a din selected	rector, president or other	r officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)	_
-	(Typed or pri	nted name of person signing)	
	DANAYDES CAMPS	-president	
-	(Title of perso		