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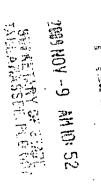
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**EXAMINER** 

# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: TONY LUDOVICO UNDERWATER VIDEOGRAPHY SERVICES, L.L.C.

Name of Limited Liability Company

	Name of Emil	icu Liaomty Company			
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:	•		
		Lisa M. Pellegrino			
	Name of Person				
	Tony Ludovico Ur	nderwater Videograph	y Services, LL0		
	Firm/Company				
	2342 NE 197 st				
		Address			
,	North Miami Beach, FI 33180				
City/State and Zip Code  lisa@lisapellegrino.com  E-mail address: (to be used for future annual report notification)					
For further information con-		•	ort notification)	Po B	
	eermig mis matter, prease c			<b>温水</b> 西	* 4
·	Pellegrino	at (_561_)	723-0616	O	gjane. I
Name of Po	erson .	Area Code &	Daytime Telephone N	lumber 200	1 - 18 1 - 18
				e ē	ء. بريا
Enclosed is a check for the t	following amount:			5	
\$25,00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Cen nclosed) Cen	00 Filing Fee, rtificate of Status or rtified Copy Iditional copy is er	

# MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# TONY LUDOVICO UNDERWATER VIDEOGRAPHY SERVICES, L.L.C.

(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 on09-18-2006	and assigned		
Florida document numberL06000091347				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	2342 NE 197 st			
(Principal office address MUST BE A STREET ADDRESS)	North Miami Beach, Fl 33180			
		至四 當		
		5 T		
Enter new mailing address, if applicable:	2342 NE 197 st	The state of the s		
(Mailing address MAY BE A POST OFFICE BOX)	North Miami Beach, Fl 3318			
		- 過過 on		
B. If amending the registered agent and/or registered off		r the name of the new		
registered agent and/or the new registered office address here	2:			
Name of New Desistant Access				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Månager

MGRM = Managing Member Title **Name Address** Type of Action ☐ Add Remove ☐ Add Remove \_ Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Change Article III to include "Any and all lawful business purposes" Signature of a member or authorized representative of a member Pelles Come Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00