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JUN 25 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ramonda Photography and Videography  
Name of Limited Liability Company  
Services, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Ramonda  
Name of Person  
Ramonda Photography and Videography Services  
Firm/Company  
8249 nw 36 st Suite 111  
Address  
Miami FL 33166  
City/State and Zip Code  
Barbiesolp5@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Ramonda at 786 444-2018  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Ramona Photography and Videography Services, LLC  
(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 on 3/24/2008 and assigned

Florida document number 262268020 (EIN number) L08000029509

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ramona Photography, LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Ramona Photography, LLC

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8249 NW 36 St  
Suite 111  
Miami FL 33186  
Barbara Ramona  
P.O. Box 441220  
Miami FL 33144

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:

Barbara Ramona

New Registered Office Address:

8249 NW 36 St Suite 111  
Enter Florida street address  
Miami, Florida FL 33166  
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.

~~Signature~~  
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 Add  
 Remove  
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 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated June 20, 2013.



Signature of a member or authorized representative of a member

Barbara Kamcheda

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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