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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Secti Division of Corpo | | | | ਼ ਾਰ ਸ |
|---|---|---|---|--|
| SUBJECT: | eer Joseph LLC Name of Lim | ited Liability Company | | |
| The enclosed Articles of An | nendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspond | ence concerning this matter | to the following: | | |
| | Ramon | Name of Person | | |
| | <u>Cor</u> | eerlanged LLC Franklompany | | ₩S. |
| | 1140 Turtle | Creek Blvd. | | LAHASS 16 OCT 21 |
| | Nopla | esty/State and Zip Code | | SECRETARY OF LORION ALLAHASSEE FLORION |
| | E-mail address: (| to be used for future annual report notifi | cation) | 08 |
| For further information con- | cerning this matter, please ca | all: | | |
| Ramon S | Nine | at (20) 344 | 0178 | - |
| Name of Po | erson | 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 Fe Certificate of St Certified Copy (additional copy is a | tatus & |

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

| (Name of the Limited Liab (A Flori | ility Company as it now appears on our records.) Ida Limited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the li | mited liability company here: |
| Telle Cam, LLC | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or the abbreviation "L.E.C" |
| Enter new principal offices address, if applicable: | 8 25 |
| (Principal office address MUST BE A STREET ADI | DRESS) |
| | ingic. |
| | F 93 |
| Enter new mailing address, if applicable: | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ad | gistered office address on our records, enter the name of the new ldress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| <u> </u> | , 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 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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|---------|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Filing Fee: \$25.00