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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	TelleCam,	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ramo	Name of Person	
		eCan, LC Firm/Company	·
	,	Oxford Lone	
		Address	
	Nople	City/State and Zip Code	
		Smilh asasa amo'l to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Ramon	Smith	at (<u>AO)</u> <u>344 - C</u> Area Code Daytime	5178
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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**

(Name of the Limited Lie (A Flo	ability Compa orida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabilit	ty Company	were filed on \circ	21618013	and assigned
Florida document number <u>L 1300002805</u>				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabi	ility company here	•	
Sharas Calland	امدند	\ C .		
Sharpp Caller The new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	1252 (J books	206
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET AD</u>	DDRESS)	_ Noples	FL 3419	05
		`	•	
Enter new mailing address, if applicable:				
•	n			
Mailing address MAY BE A POST OFFICE BOX	2			
				
B. If amending the registered agent and/or re	egistered of	fice address on o	ur records, ente	r the name of the no
registered agent and/or the new registered office a	_			
Name of New Registered Agent:				
	1000 5			34105 Zip Code
New Registered Office Address:	1×29 0	Enter Florida	street address	
	h .\	\		011105
_	170	P les City	, Florida _	Zin Code
New Registered Agent's Signature, if changing Regist				
I hereby accept the appointment as registered age	ent and agre	ee to act in this cai	nacitv. I further a	gree to comply with th

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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, Paris 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address '	Type of Action
			□ Add
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			☐ Change
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Filing Fee: \$25.00