L16000224976

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6/16/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GIONE	Drone Video, LLC of Limited Liability Company
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
_Aaron F	Name of Person
Grone D	Name of Person Tone Video LLC Firm/Company
	andle Man Ct, Address N City/State and Zip Code
<u> </u>	dress: (to be used for future annual report notification)
For further information concerning this matter, pl	
Aaron Faiccloth	at (407) 694-6835 Area Code Daytime Telephone Number
Lestie Faircloth	321 - 274 - 5938
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of Sta	
Mailing Address:	Street Address:
Registration Section	Registration Section

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GONE DRONE VIDI (Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L16000224976</u> .	were filed on 12/13/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Luma Photography, Ll The new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distinguishable and contain the words "Lynited Liabilit Enter new principal offices address, if applicable:	Ty Company." the designation "LLC" or the abbreviation "L.L.C." Same as before.
(Principal office address MUST BE A STREET ADDRESS)	(3043 Randlewan Ct, Ovida, Flus 2705)
Enter new mailing address, if applicable:	MA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: MA	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zıp Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		- K 	□Add
		///,	: Remove
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ord specifies a d filed.	elayed effectiv	e date, but not	an effective ti	me, at 12:	01 a.m. on t	he earlier of: ((b) The 90th (lay afte
i May	10th	<u></u>	2021	·				

Filing Fee: \$25.00