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DIVISION OF COMPONSTIONS

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUDBRINK VIDEOS AND AERIAL PHOTOGRAPHY  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRIAN J SUDBRINK Name of Person
SUDBRINK VIDEOS AND AERIAL PHOTOGRAPH
1663 AUTUMNWOOD ST
TARPON SPRINGS FL 34689  City/State and Zip Code  BSOPBRINK 68 & 5 MAIL. COM  F-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRIAN J. Subbrink at (727) 244-4974  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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, FI. 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUDBRINK VIDEO (Name of the Limited Liability (A Florida	S AND AERIAL  ly Company as it now appears on our record  climited Diability Company)	PHOTURAPHY
The Articles of Organization for this Limited Liability Co	company were filed on 6 12 1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		OF CORE DEAT
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		7. <b>Q</b>
6 0		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street addres	ম
	City.	orida
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### 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MbR	BRIAN J SUDBRINK	1663 AUTUMN WOOD ST TARPON SPRINGS, EL34689	XX Acid
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fectiv	e date, if other than the da	te of filing: 6/12/17	(optional)
		specific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requirem	
	t's effective date on the Depart		kins, uns date will like be listed as
гесо	rd specifies a delayed e	fective date, but not an effective time, at	12:01 a.m. on the earlier of
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	) au	nature of a member or authorized representative of a memb	

Page 3 of 3

Filing Fee: \$25.00