117000 128279

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600324408146

02/19/19--01028--032 **60.00

STORETHOW STATE

2019 FEB 19 PM կ։

R. WHITE FEB 2 2 2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	SUDBRINK V Name of Lim	IDEO LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BRIAN	SUDBRINK Name of Person	
	Sude	BRINK VIDEO Firm/Company	LUC
	856 C	V. BAYSHORE Address	DR
		34689 City/State and Zip Code	
	BSUDE E-mail address: (1	•	it. (om
For further information of	enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: BRIAN SUBBRINK Name of Person SUBBRINK Name of Person		
BRIA Name o	N Sudbrink of Person	at (727) 244. Area Code Daytime	4974 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &

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

FILED

2019 FEB 19 PM 4: 25 SUDBRINK VIDEOS AND AERIAL PHOTOGRAPHY. LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 117000128279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUDBRINK VIDEO LLC be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address _, Florida ___

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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			Remove
			☐ Change
		 	
			Remove
			Change
		☐ Remove	
			☐ Change
······································			
		☐ Remove	
		Change	
			☐ Remove
			□ Change

_	
_	
_	
_	
_	
_	
_	
_	
	
f an effec <u>Note:</u> 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	3919. 2019. Signature of a plember of authorized representative of a member
	Brown 1 Dill
	Signature of a grember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00