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COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: Tell+	ale Image Name of Emili	r Y , LL C ted Liability Company	
The enclosed Articles of Amer	dment and fee(s) are subn	nitted for filing.	
Please return all correspondence	ee concerning this matter t	o the following:	
_	Stelio	s Malamatos Name of Person	
	Tellta	ale Imagery, L	_L C
	1604	Gulf Rd. Address	
_		Pon Springs, FL City/State and Zip Code	
_	S telios E-mail address: (te	1 Syn @ Grn Cul. Cow o be used for future annual report notific	Cation)
For further information concer	ning this matter, please ca	II:	
Stelios Ma Name of Person	lamatos	at (<u>727</u>) <u>809</u> - Area Code Daytime	-1099 Telephone Number
Enclosed is a check for the following	owing 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

P +a e 1	magery L	L C	
(A Flori	da Limited Liability Company)	is on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	August 29,20	Mand assigned
		.,	
(Name of New Registered Office Address: New Registered Office Address: New Registered Office Address: A Plorida Limited Liability Company as it how appears on our records.			
A. If amending name, enter the new name of the lir	nited liability company h	<u>ere</u> ;	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the c	lesignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. 16 amounting the marintage of a second second	' a ce		r
		our records, enter the	name of the new
	-		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
	City	2	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>CEO</u>	Stelios Malamatos	1604 Gulf Rd. Tarpon Springs, FL 34689	& Add
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		July Signatur									
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Page 3 of 3

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