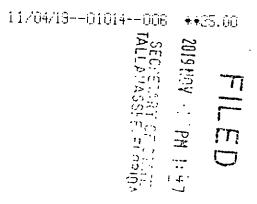
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				







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## **COVER LETTER**

TO:	Registration Section  Division of Corporations
SUBJE	CT: Avid Aerial Inaging LLC. Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Michael J. Cirasuolo
	Avid Aesial Imaging Firm/Company
	14728 Bay De
	City/State and Zip Code  Gyidaeria/Imaging @ gingi/. Com  E-mail address: (to be used for futury annual report notification)
For furt	her information concerning this matter, please call:
Avid Aesia Imaging Firm/Company	
t.	d is a check for the following amount:  .00 Filing Fee
	(additional copy is enclosed) 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 Liability Compan- (A Florida Limited Lia	IMAGING LLC.  as it now appears on our records.)  lability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L130002303 04</u> .	were filed on $\frac{09/11/2019}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability.  The new name must be distinguishable and contain the words "Limited Liability".		
Enter new principal offices address, if applicable:	ty Company. the designation 1.1.C. or the appreviation 1.1C.	
(Principal office address MUST BE A STREET ADDRESS)	NA	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	ZOIS 1994 -: SECRETARY	<u></u>
B. If amending the registered agent and/or registered office address here:		T] E Bev
Name of New Registered Agent:	N/A	TI IT! the new
New Registered Office Address:	Enter Florida street address	_
<u></u>	Florida	
Now Begintered Aponts, Cigarture if about Desired Aponts	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree	er to act in this canacity. I further amon to comply wit	di ib

#### 7

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
lanaging lember	Michael J. Cirasuole	14728 Bay Dr.	🗆 Add
		14728 Bay Dr. Largo, FL 33774	□ Remove
			Change
			D Add
			□ Remove
			☐ Change
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<u>ote:</u> Illi	e date, if other than the date of filing:	seant to 605.02 not be listed :
recor The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 0th day after the record is filed.	he earlier
o.vd	October 30th 2019	
ated	Signature of a member or authorized representative of a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00