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COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

FO: Registration S Division of Co			
MARK U	NDERWOOD PHOTOGRAPH	Y AND AERIAL IMAGING LLC,	,
	Name of Lin	nited Liability Company	•
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARK UNDERWOOD		
		Name of Person	
	MARK UNDERWOOD F	PHOTOGRAPHY AND AERIAL IMAGING	LLC
		Firm Company	
	4027 W VICKSBURG DI	RIVE	
		Address	
	CITRUS SPRINGS FL 34	433	
		City/State and Zip Code	
		OTOGRAPHY@GMAIL.COM	
For further information (E-mail address: concerning this matter, please c	to be used for future annual report notification) all:	
MARK UNDERWOOD)	937 302-7704	
Name (of Person	at () Area Code Daytime Telephon	ie Number
Enclosed is a check for t	the following amount:		
畫 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	560.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration :		Registration Section Division of Corporation	5
P.O. Box 632	•	The Centre of Tallahass	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2022 JUL 11 PH 4: 32

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARK UNDERWOOD PHOTOGRAPHY AND AERIAL IMAGING LLC

The Articles of Organization for this Limited Liability Company were filed on AUGUST 10, 2021 and assigned Florida document number 121000358850 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARK UNDERWOOD PHOTOGRAPHY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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: MARK UNDERWOOD 4027 W VICKSBURG DRIVE Enter Florida street address City W VICKSBURG DRIVE Enter Florida street address CITRUS SPRINGS Florida Tap Code New Registered Agent's Signature, If changing Registered Agent and agree to act in this capacity. I further agree to comply with newsistons of all Matures relative to the proper and complete performance of my duties, and I am familiar with and recept the obligations of my position as registered agent as provided for in Chapter 605, F. S. Or. of this document is early filed to merely reflect a change in the registered agent as provided for in Chapter 605, F. S. Or. of this document is early filed to merely reflect a change in the registered affice address. I hereby confirm that the limited liability campany has been notified in writing of this change. If Changing Registered Agent Standars of New Registered Agent and the registered agent as provided for in Chapter 605, F. S. Or. of this document is campany has been notified in writing of this change.	(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	=, 1
Florida document number L21000358850 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARK UNDERWOOD PHOTOXIRAPHY LLC MARK UNDERWOOD PHOTOXIRAPHY LLC Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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: Name of New Registered Agent: New Registered Office Address: MARK UNDERWOOD New Registered Office Address: CITRUS SPRINGS Florida 34433 City: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 agent as provided for in Chapter 605, F.S. Or. if this document is company has been notified in writing of this change.		. , ,	CHUT IN 2021	
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Name of New Registered Agent: New Registered Office Address: MARK UNDERWOOD 4027 W VICKSBURG DRIVE Enter Florida weet address CITRUS SPRINGS City Tap Code ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.				
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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

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