## 14000075378

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## **COVER LETTER**

Interstate D	distribution Agency LLC	•	
SUBJECT:	Stribution Agency LLC  Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jarvis Parker		
	Hala day ""	Name of Person	
	Interstate Distribution Age	ency LLC	
		Firm/Company	
	18759 Sheldon St		
		Address	
	Orlando, Fl 32833		
		City/State and Zip Code	
	parkerjt2011@gmail.com		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
Jarvis Parker		at () 438-9380 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following 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, F1. 32314

Registration Section

**Division of Corporations** 

TO:

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

Interstate Distribution Agency LLC		
( <u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	May 8, 2014 and assi	gned
Florida document number L14000075378		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
Intuitive Drone Analytics LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:	171	197 - 33 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
(Principal office address MUST BE A STREET ADDRESS)	AA R	155
	N N	S 71
	P	94.E
Enter new mailing address, if applicable:	<del></del>	) 강화
(Mailing address MAY BE A POST OFFICE BOX)	<u>5</u>	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter F	on our records, enter the name of	of the no
City	Florida Zip Code	
City	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

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, if other than the one offective date is listed, the date must ite: If the date inserted in this blocument's effective date on the De	ock does not meet the ap	oplicable statutory fil	(opt r more than 90 days aft ling requirements, th	tional) er tiling.) Pursuant to 60 nis date will not be lis	5.0207 (2 ted as th
record specifies a delayed		t not an effective	e time, at 12:01	a.m. on the earli	ier of:
he 90th day after the reco					-
March 15	2017			7	·
the 90th day after the reco	, 2017	·		17 MAR 22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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Filing Fee: \$25.00