L14 000116401

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COVER LETTER

TO: Regis	stration Sec ion of Corp	ction a 2 porations		,
CHIRLING COM	Unmanned S	Safety Institute		
Sobsect.	····		ited Liability Company	
		Amendment and fee(s) are sub		
		Brandon Blackburn		
			Name of Person	
		Unmanned Safety Institute	:	
			Firm/Company	
		146 Orange Pl.		
			Address	
		Maitland, Fl 32751		
		Brandon.Blackburn@Unma	City/State and Zip Code	
			to be used for future annual report notif	fication)
For further inf	ormation co	ncerning this matter, please ca	all:	
Brandon Blac	kburn		407 4948618 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fil	ling 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

Unmanned Safety Institute			
(Name of the Limited Liability Compan (A Florida Limited Lia	as it now appears on our records.) bility Company)	-	
The Articles of Organization for this Limited Liability Company w	vere filed on July 24, 2014	and assig	ned
Florida document number L14000116401			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y 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)	which the barrier and the same	<u></u>	
B. If amending the registered agent and/or registered office address here:		r the name of	f the new
registered agent and/or the new registered office address here:	,		
N. CN. D. L. IA		24 E	
Name of New Registered Agent:			
New Registered Office Address:		. S. S. GO	- 60
	Enter Florida street address		r_{7}
	, Florida	500	P-24-14
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		17.	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. O	familiar with r, if this docum	and ent is

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
AMBR	Alex Mirot	146 Orange Pl Maitland Fl 32751	■ Add
			Remove
			Change
			Remove
			☐ Change
 -		LACT THE STATE OF	□ Add
			Remove
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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			□ Remove
			□ Change

Brandon Blackburn.					
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ctive date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must be If the date inserted in this block ment's effective date on the Dep	e specific and cannot be k does not meet the ap	plicable statutor	g or more than 90 days	s after filing.) Pursu	ant to 605. ot be liste
ecord specifies a delayed on the second e 90th day after the record		t not an effect	ive time, at 12:	01 a.m. on th	ne earlie
d August 13	, 2015	—- <i>;</i>			
		4/	_)		

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