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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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	ion Section f Corporations	
	Beach Air Drones, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Francisco Ramirez	
	Name of Person	-
	Palm Beach Air Drones, LLC	
	Firm/Company	-
	10456 Wellington Parc Drive	
	Address	
	Wellington, Florida 33449	ZITIB AUG 19 SECRETALIY SECRETALIY
	City/State and Zip Code	ME 19
	francisco.ramirez522@outlookcom	- T
For further informa	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:	PER D
Francisco Ramirez	201 492-2516 at ()	55
N	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	Certificate of Status Certified Copy Certificational copy is enclosed) Certified	te of Status &

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

Palm Beach Air Drones, LLC					
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)	<u></u>	
The Articles of Organization for this Limited I Florida document number £15000174349	Liability Comp	any were filed on 10/13	3/2015	and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited	liability company here	:		
Blue Aerial, LLC					
The new name must be distinguishable and contain the	words "Limited I	iability Company," the desi	gnation "LLC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if appli	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS	2			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	N/A		2016 AUG	
B. If amending the registered agent and registered agent and/or the new registered			177	7-X _0	of the nev
Name of New Registered Agent:	N/A		0.00 20 20 20 20 20 20 20 20 20 20 20 20 2	5.5	<u> </u>
New Registered Office Address:		Enter Florida	a street address		
			, Florida		
		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

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>	Name	Address	Type of Action
N/A			
			□ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			 Ad d
			☐ Remove
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N/A	
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ive date, if other than the date of filing:	or more than 90 days after filing) Pursuant to 60
If the date inserted in this block does not meet the applicable statutory f	
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earl
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14 August, 2016.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00