105000029273

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T. MATTHEWS

FEB - 9 2022

COVER LETTER

TO: Registration So Division of Con				
Eagle Eye	Helicopter, L.L.C.			
SUBJECT:	Name of Lin	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:	,	
	Steve Irwin			
		Name of Person		
	Eagle Eye Helicopter, L.L.	.C.		
		Firm/Company		
	1003 Seaway Drive			
		Address	 	
	Fort Pierce, FL, 34949			
		City/State and Zip Code		
	Steve@islandmarinetech.co			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	(ittication)	
Steve Irwin		772 468-9231		
Name o	of Person	Area Code Dayti	me 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)	 S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed 	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eagle Eve Helicopter, L.L.C. (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/23/2005}{2}$ and assigned Florida document number L05000029273 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: N/Λ (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: Steven James Irwin Name of New Registered Agent: 1003 Seaway Drive New Registered Office Address: Enter Florida street address

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.

City

Fort Pierce

If Changing Registered Agent, Signature of New Registered Agent

____. Florida 34949 Zip Code 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
. NA		- 	
			□Remove
		 ,	□Change
NA			□Add
			∃Remove
			□Change
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			□ Change
			□Remove
			□Change
			□Abd
		-3-170-770-03-0170-07	□Remove
			C Change

	NA		
			<u> </u>
			_
E. Effe	ctive date, if other than the date of filing: $\sum_{i=1}^{\infty}$	NA	(optional)
(If an	effective date is listed, the date must be specific and can If the date inserted in this block does not meet	mot be prior to date of filing or mo	e than 90 days after filing.) Pursuant to 605,0207 (3)
	ment's effective date on the Department of State		requirements, this date will not be listed as the
f the rec ecord is	ord specifies a delayed effective date, but not an effled.	effective time, at 12:01 a.m. or	i the earlier of: (b) The 90th day after the
Date	January 26 2	2022	
.,,,,,,	Stein Janes	Lui	
	1/4//4/1	ober or authorized representative of	

Typed or printed name of signee