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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDAS TALLAHASSEE, FLORIDAS TALLAHASSEE, FLORIDAS TALLAHASSEE, FLORIDA

DB 12/21

COVER LETTER

| TÖ: | Registration Section Division of Corporati | ons | | | | |
|-----------------|---|---|---|-------------------|------------------------------------|----------------|
| SUBJE | CT: Gecko Aerial | Services, LLC | | | | |
| | | (Name of Lim | nited Liability Company) | | | |
| The encl | osed Articles of Amen | dment and fee(s) are sub | omitted for filing. | | | |
| Please re | eturn all correspondenc | e concerning this matter | to the following: | | | |
| | Be | njamin Guess Hai | (Name of Person) | | | |
| | | | (Name of Person) | | | |
| | Ge | cko Aerial Service | es, LLC | | | |
| | | | (Firm/Company) | | | |
| | 33096 Jamette Rd | | | | TAS C | |
| | | | (Address) | |)70 ECF | CIT-Jac |
| | Da | ade City Florida 33 | 3523 | | DEC 2 CRETAT LAHAS | () |
| | | , | (City/State and Zip Code) | | SSE SSE | |
| For furth | ner information concern | ing this matter, please o | call: | | PM 4: 0.8 Of State E. Florid | |
| Benja | min Guess Hart | | at (813) 263-8070 | | 0A 0A | |
| | (Name of Perso | on) | (Area Code & Daytime | Telephone Number) | • | |
| Enclosed | l is a check for the follo | wing amount: | | | | |
| ₹ \$25.0 | 00 Filing Fee | 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy . (additional copy is enclosed) | Certified (| of Status & | ŀ |
| | MAILING A | nnrfss. | STREET/COURIE | R ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A. If amending name, enter the new name of the | e limited liability company here: | SECRETARY OF S TALLAHASSEE, FL | 2 1 |
|--|--|-----------------------------------|-------------|
| The new name must be distinguishable and and with the | ne words "Limited Liability Company," th | the designation "LE or th | bbreviation |
| B. If amending the registered agent and/or | registered office address on our re | P | of the new |
| "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: | registered office address on our re | P | of the new |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our re e address here: | records, <u>enter the name</u> | of the new |
| B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: | registered office address on our re e address here: | P | of the new |

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = M | lanaging Member | | |
|--------------|--------------------------------------|---|-----------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Michelle Toth | 33096 Jamette Rd Dade City Florida 33523 | ☐ Add ✓ Remove |
| MGR M | Benjamin Guess Hart | 33096 Jamette Rd Dade City Florida 33523 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter cha | ange(s) here: (Attach additional sheets, if necessa | ry.) |
| | | | O7 DEC 21 SECRETAR ALLAHASS |
| _ | | | PH 4: 08 |
| Dated Dece | mber 20 , 20 | 007 . |)8 0A |
| <u></u> | Signature of a men | nber or authorized representative of a member | |
| | Benjamin Guess Hart | | |
| | Ty | ped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00