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COVER LETTER

SUBJECT: LEAT	DING EDGE PREC Name of Limite	ed Liability Company	<u></u>
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
		Name of Person	·
	LEADING ED	GE AERIAL PHOTOG	GRAPHY LLC
		Address	
	WILLOUGHBU	1 OH10 44094 City/State and Zip Code	
	<u> </u>	City/State and Zip Code	
	MBNRIC	le la form Art, Combe used for future annual report notification	-
	E-mail address: (to	be used for future annual report notification	on)
For further information con	cerning this matter, please cal	l:	
KICHARI) Name of P	GKICE Person	at (440) 773 60 Area Code Daytime Tele	951 ephone Number
Enclosed is a check for the	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

TO:

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



LEADING EDGE PRECISION, LLOWISS. 13 AMII:53
(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 10/28/2010 and assigned Florida document number 10000112774.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
LEADING EDGE AERIAL PHOTOGRAPHY LLC
The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:
New Registered Office Address. Enter Florida 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TERENCE F. GRICE	5243 HARMONY LN.	Add
		WILLOUGHBY, OHIO 44094	□ Remove
			🗆 Change
MGRM	RICHARDE. GRICE	206 FOX POINTE DK.	🗆 Add
		CHARDON, Offio 44024	Remove
			Change
MURM	MARY BETH GRICE	206 FOX POINTE DR. CHARDON, OHIO 44024	O Add
	·	CHARDON, OHIO 44024	Remove
			Change
		 -	🗖 Add
			Remove
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(If an effective d Note: If the	ite, if other the late is listed, the date inserted in effective date o	date must be spec this block doe	cific and ca es not mee	et the applic	able statutoi	ng or more that ry filing requ	n 90 days aft	tional) ter filing.) Purst his date will n	uant to 605.0207 of be listed as
	day after ti	he record is	filed		t an effec	tive time,	at 12:01	a.m. on th	ne earlier of
The 90th			1		2				
The 90th	9/9/1	SEPT. 9	9	2019	, 				
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The 90th	9/9/1	Auch	///5	Asim	·	entative of a n	ember		

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Filing Fee: \$25.00