

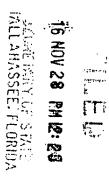
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PICK-UP	WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2016

CLAUDIO D OLSAK 7550 NW 112 PATH DORAL, FL 33178 US

SUBJECT: MULTIROTOR ACCESS LLC

Ref. Number: L11000008424

SECRETARY OF STAGE

We have received your document for MULTIROTOR ACCESS LLC and check(s) totaling \$55.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 216A00024386

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
cup iec	Multirotor A	Access LLC		
SUDJEC	.1:	Name of Limit	ed Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter to	o the following:	
		Claudio D Olsak		
	Registration Section Division of Corporations Multirotor Access LLC Name of Limited Liability Company Multirotor Access LLC			
			Firm/Company	
			Firm/Company Path Address 33178 City/State and Zip Code mail.com mail address: (to be used for future annual report notification) tter, please call: at (
		Doral Florida 33178		
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notif	fication)
For further	er information co	oncerning this matter, please cal	l:	
Claudio	Olsak			
	Name of	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION OF

Multirotor Access		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record imited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 11/25/2016	and assigned
Florida document number L11000008424		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
DOING RE LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	
F., A		A Company of the Comp
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	.	
		SSS &
B. If amending the registered agent and/or register		s, enter the name of the new
registered agent and/or the new registered office addres	ss here:	
		6
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	·s
	IÇI.	orida
	City , F F	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	ifective date, if other than the an effective date is listed, the date mu	e date of filing: st be specific and cannot be prior t	o date of filing or more than	(optional) 90 days after filing.) Pursua	ant to 605.02
ffective date, if other than the date of filing:	lote: If the date inserted in this b	ock does not meet the applica			
ffective date, if other than the date of filing:			an effective time, a	at 12:01 a.m. on the	e earlier
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	11-25 ated	2016			
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.					

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Typed or printed name of signee

Filing Fee: \$25.00