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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LHM Drones, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Edmiston

Name of Person

LHM Drones, LLC

Firm/Company

163 Edgewater Circle

Address

Sanford, FL 32773

City/State and Zip Code

JimEdmiston@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Edmiston

_{...}407 \921-3008

Name of Person

Area Code & Daytime Telephone 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 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

LHM Drones, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 08/03/2012	and assigned
Florida document number <u>L12000100137</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Discovery World Technologies, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	915 Cornwall Road	
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FL 32773	HA DE LI
		SSE SSE
Enter new mailing address, if applicable:	915 Cornwall Road	0F ST 2:
(Mailing address MAY BE A POST OFFICE BOX)	Sanford, FL 32773	OO HE NO.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, <u>er</u> <u>e</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Floric	laZip Code
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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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			<u> </u>
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Page 3 of 3

Filing Fee: \$25.00

