

L12000159979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700259796527

05/05/14--01013--018 **25.00

FILED
14 MAY -5 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FL 32399

MAY 09 2014

S. YOUNG



ERIC S. HAUG
LAW & CONSULTING, P.A.

eric@erichaug.com
401 EAST VIRGINIA STREET
TALLAHASSEE, FLORIDA 32301

P: 850.583.1480
C: 850.251.2463
F: 850.297.0300

May 2, 2014

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

RE: Gulf Coast Unmanned Systems Center, LLC
Florida document number: L12000159979

Dear Madam/Sir:

Enclosed please find Articles of Amendment to the Articles of Organization of Gulf Coast Unmanned Systems Center, LLC, a Florida limited liability company. Also enclosed is a check in the amount of \$25.00 in payment of the filing fee.

Thank you in advance for your attention to this matter.

Sincerely,

Eric S. Haug

Enclosures

FILED
14 MAY -5 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gulf Coast Unmanned Systems Center, LLC

(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 December 24, 2012 and assigned Florida document number L12000159979.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Gulf Unmanned Systems Center, LLC

The new name must be distinguishable and end with 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)

206 St. James Avenue

Carrabelle, Florida 32322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

206 St James Ave

Carrabelle, FL 32322

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:

Name of New Registered Agent:

Eric S. Haug Law & Consulting, P.A.

New Registered Office Address:

401 East Virginia Street

Enter Florida street address

Tallahassee

City

Florida 32301

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

FILED
14 MAY 5 - 5 PM 4:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | |

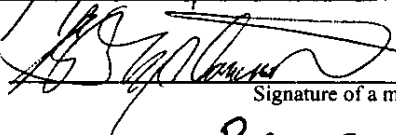
FILED
17 MAY - 5 PM 4:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/1/2014, _____



Signature of a member or authorized representative of a member

BRUCE McCORMACK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY -5 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA