## L14/000056415

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## **COVER LETTER**

	Registration Se Division of Cor					
empiez	****	Aerial Systems Research LLC				
SUBJEC	,l: <u>,</u>	Name of Lim	Name of Limited Liability Company			
		Amendment and fee(s) are sub				
		James K. Baughman, Sr.				
			Name of Person	<del></del>		
	Unmanned Aerial Systems Research LLC					
Firm/Company						
284 Brooks Street SE Address						
	Fort Walton Beach, FL 32548					
	City/State and Zip Code jkb101@civilwar1861.com				2025	
		E-mail address: (	to be used for future annual report notifi	ication)	- i isi	1 :
For furth	ner information c	oncerning this matter, please c	all:		. 2	1
James Baughman			850 716-4533			
	Name o	f Person	Area Code Daytime	Telephone Number	3: 20	
Enclosed	I is a check for th	ne following amount:				
□ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	Mailing Addres	is:	Street Address:			

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unmanned Aerial Systems Research L				
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab	ility Company were filed on 4/7/2014	aı	nd assi	gned
orida document number				
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
Unmanned Aero Systems Factor LLC				
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviat	ion "L.I.	C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:		3	(~)	_
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u>.                                    </u>	(.A.	4
		- 1		***************************************
			4.	·
B. If amending the registered agent and/or regi	stered office address on our records, enter the na	me of t	ie new	registere
agent and/or the new registered office address b	<u>aere</u> :		بب	المسا
		;	100	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida			
	City		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 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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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tive date is listed, the dithe date inserted in	date must be specific and cannot this block does not meet on the Department of State	the applicable statu	filing or more than 90 o tory filing requirem	_ (optional) lays after filing.) Pursua ents, this date will no	int to 605.02 of be listed :
specifies a delayed o d.	effective date, but not an o	effective time, at 12	:01 a.m. on the earli	er of: (b) The 90th	day after th
/17/2025					
1.	Signature of a my	$\circ$			
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Filing Fee: \$25.00