## L15000006072

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. HARRIS

## **COVER LETTER**

то	Registration Se Division of Cor			
SIT	JTF Consul	ting LLC		
30.	BJEC1.	Name of Lim	ited Liability Company	
The	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all correspo	andence concerning this matter	to the following:	
		Jason Franciosa		
		······································	Name of Person	<del></del>
		JTF Consulting LLC		
			Firm/Company	
		1810 S. Ocean Dr.		
			Address	· .
		Fort Pierce, FL 34949		
			City/State and Zip Code	
		jason.franciosa@gmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For	further information c	oncerning this matter, please ca	ail:	
Jas	on Franciosa		413 519-1146	
	Name o	f Person	Area Code Daytime	Telephone Number
Enc	closed is a check for the	ne 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

JTF Consulting LLC			
(Name of the Limite	A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on 12 January 2015	and assigned
Florida document number L15000006072	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lial	pility company here:	
International Unmanned Aviation LLC			_
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	No Change	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
			<i>№</i> –
Enter new mailing address, if applicable:		No Change	
(Mailing address MAY BE A POST OFFICE BOX)			- <del>S</del>
			9 m <b>G</b>
B. If amending the registered agent and/or the new registered of New Registered Agent:			enter the name of the n
Name of New Registered Agent.			
New Registered Office Address:	No Change	Enter Florida street address	,
		Enter Piorida sireet address	
		, Flor	<del></del>
		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 added or removed from our records:

MGR = Ma AMBR = Au	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
<del>1.4</del>			Add
			□ Remove
			□ Change
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ive date, if other than the date of fili- ective date is listed, the date must be specific a If the date inserted in this block does not ent's effective date on the Department of	and cannot be prior to t meet the applicab f State's records.	le statutory filing requ	irements, this da	ig.) Pursuant to 605.0 te will not be listed
ord specifies a delayed effective 90th day after the record is filed	date, but not . 1.	an errective time,	at 12:01 a.m	. on the earlie
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25 June	2106.		•	<u>.</u> .
A: — : E	. 2015	·· · · · · · · · · · · · · · · · · · ·	•	Si Oni Palla
25 June	, 20/5	zed representative of a n	nember	SEGNI JUN 20 SEGNI JAN TALLAH SS
25 June Signature of		zed representative of a n	nember	SEGAL AS Y OF
25 June			nember	

Filing Fee: \$25.00