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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: HR	DYNAMIX Name of Limited Liability		SERVILES LLC
The enclosed Articles of Amendme	nt and fee(s) are submitted for	iling.	
Please return all correspondence co	ncerning this matter to the follo	wing:	
	SENNIAN Nam	PEU	
	ATR DYN,		E SERVIUS LLC
	3540 SV	U /25 C7	<del></del>
	MIAMI	e and Zip Code	3175
<del></del>	LPRU E	e and Zip Code  ARDY  or future annual report notificatio	
For further information concerning	this matter, please call:		, 1
LUIS B F	)evat (		21-655/
Name of Person		Area Code Daytime Tele	phone Number
Enclosed is a check for the following	ig amount:		
\$25.00 Filing Fee (7.\$30. Ce	rtificate of Status Cer	00 Filing Fee & tified Copy it itional 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

ATR DYNAMIX	DRONE	ERVICES LIC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)			
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on <u>3/</u> 128	1/20/6 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		A PARTY OF THE PAR		
	····	- S 2 - 3		
		ORE 12.		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et address		
	. Florida			
	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 = Manager

AMBR = Authorized Member

<u>Title</u> **Address** <u>Name</u> 3540 SW 125 MCT MIAMI RL 33175 LUIS B PRU □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

; ). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary	?.)		
ī	1	-		
		-		
		<del></del>		
_ <del></del>				
(If an effective Note: If t	date, if other than the date of filing:	) Pursuan	t to 605. be liste	0207 (3)(b) d as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. ith day after the record is filed.	on the	earlie	er of:
Dated	3/7  Signature of a member of a member			
	JENNIKER PLU	SECRE ALLAH	TO HAR	***
	Typed or printed name of signee  Page 3 of 3	ARY OF S	II PH	
	Filing Fee: \$25.00	STAT	PH I2: 3	O