(Re	equestor's Name)	
(Ad	ldress)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Cit	ry/State/Zip/Phone	<del>;</del> #)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
oun in		MIX DRONE SERVICES LI	.C	
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		BRIAN PRZYSTUP		
			Name of Person	
BRIAN PRZYSTUP & ASSOCIATES LLC				
			Firm/Company	
		2800 BISCAYNE BLVD	SUITE 400	
			Address	<del></del>
		MIAM, FL 33137		
		NA 1040TA VOVA HOO	City/State and Zip Code	
		MIA1040TAX@YAHOO.0  E-mail address: (	to be used for future annual report notif	ication)
For furtl	her information co	oncerning this matter, please c	all:	
BRIAN	PRZYSTUP		305 3715131	
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclose	d is a check for th	e following amount:		
<b>■</b> \$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

AIR DYNAMIX DRONE SERVICES LLC	
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number L16000027284	any were filed on $\frac{03/01/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
JLP SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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 limiting company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove

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Filing Fee: \$25.00