116000095200

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/ZipiPHone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer: Spoke to Warren add Bruce Instead of Chang on 12/12/11
instead of change on 191911

Office Use Only



400306502674

12/11/17--01018--019 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	JBC DRON			
, or in		Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		BRUCE E BROWN		
			Name of Person	
		JBC DRONES LLC		
			Firm/Company	
		2760 CHIPLEY AVE		
			Address	
		NORTH PORT, FL 34286		
			City/State and Zip Code	
		JBCDRONES@GMAIL.CC		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	ill:	
WARRI	en a jennings	5	941 773-6117	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
S \$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

JBC DRONES LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 05/16/16	and assigned
Florida document number L16000095200	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	1050
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	5
		3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	•	ls, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street addre	XX
		lorida
	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>	<u>Name</u>	Address	Type of Action
MGR	BRUCE E BROWN	2760 CHIPLEY AVE	Add
		NORTH PORT, FL 34286	↑ Remove
			⊟ Change
			Remove
			☐ Change
			□ Avid □ Remove
			Change
			□ Remove
			
			□ Add
			Remove
			☐ Change
			Add
			Remove
			Change

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ctive date, if other than the date of filing:	(optional)	
ctive date, if other than the date of filing:	o date of filing or more than 90 days after filing.) Pursuant to 6	05.00
e: If the date inserted in this block does not meet the applical iment's effective date on the Department of State's records	of statutory fring requirements, this date will not be if	stea
ecord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the ear	lier
ne 90th day after the record is filed.	,	
d NOVEMBER 22 2017		
() ()	0.07	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00