

4/20/2017 Apr. 20, 2017 8:32AM

Division of Corporations

No. 0607 P. 1

W70001084323

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305)361-6161
Fax Number : (305)361-6168

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2017 APR 20 AM 11:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SKY DRONE ACADEMY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY DRONE ACADEMY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisette Pie Salazar

Name of Person

Lisette Pie Salazar PA

Firm/Company

200 Crandon Blvd. #311

Address

Key Biscayne, FL 33149

City/State and Zip Code

lpsalazarlaw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisette Pie Salazar

at (305) 361-6161

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SKY DRONE ACADEMY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/13/2017 and assigned
Florida document number L17000057975

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

4361 SW 147 Ct
Miami, FL 33185

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4361 SW 147 Ct
Miami, FL 33185

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Edgar Ivan Serrano

New Registered Office Address:

4361 SW 147 Ct.

Enter Florida street address

Miami

Florida 33186

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.

Edgar Ivan Serrano
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
Mgr	CARDENAL, EMILIO J	730 N.W. 107 AVENUE, #120	<input type="checkbox"/> Add
		Miami, Fl. 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Serrano, Edgar Ivan	4361 SW 147 Ct.	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

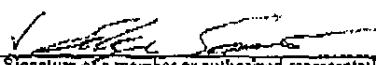
17 APR 20 AM 9:17

FILED

E. Effective date, if other than the date of filing: 03/13/2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 14, 2017



Signature of a member or authorized representative of a member

Edgar Ivan Serrano

Typed or printed name of signer

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Filing Fee: \$25.00

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