

L17000067994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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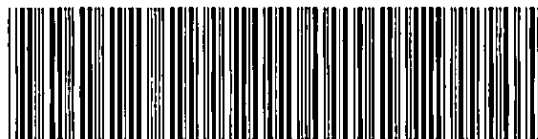
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
17 AUG -2 AM 9:47

RECEIVED
2017 AUG -2 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

AUG 02 2017

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TILCO
SECRETARY OF STATE
DIVISION OF CORPORATION
17 AUG -2 AM 9:47

Cloud 9 Aerial Photography 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 3/24/2017 and assigned
Florida document number 117000067994.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>SARRETT KEITH</u>	<u>250 CHERRY RIDGE</u>	<input type="checkbox"/> Add
		<u>DL JAX FL</u>	<input type="checkbox"/> Remove
		<u>32222</u>	<input checked="" type="checkbox"/> Change
<u>CEO</u>	<u>GALOB WHITTEMORE</u>	<u>7030 RIVERCREST DR</u>	<input type="checkbox"/> Add
		<u>JAX FL 32226</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>VP</u>	<u>ZELHARIAH MURRAY</u>	<u>8368 WILSON BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>JAX, FL</u>	<input type="checkbox"/> Remove
		<u>32210</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

(b) The 90th day after the record is filed.

Dated 8-2-2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Caleb Whittemore

Typed or printed name of signee

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Filing Fee: \$25.00

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