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(Re	equestor's Name)	
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COVER LETTER

10.	Division of Co			*	
SUBJE	VERTICA:	L VIEW AERIAL SOLUTION	NS LLC	·	
500312		Name of Lin	nited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		TERRY BROWN			
			Name of Person		
		VERTICAL VIEW AERIA	AL SOLUTIONS		
			Firm/Company	<u> </u>	
		7955 DAWSONS CREEK			
			Address		
		JACKSONVILLE, FLORI	IDA 32222		
			City/State and Zip Code	7. S	
		DRUMBUM675@COMCA	-	SECRET APR	77
	•		to be used for future annual report notifica	tion) HE AS	
For furth	her information c	oncerning this matter, please ca	all:	24 ARY I	
TERRY	BROWN		904 504-5389 at ()	F. 70	
	Name o	f Person		elephone Number	
					. • •
Enclose	d is a check for th	ne following amount:			
3 \$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

VERTICAL VIEW AERIAL SOLUTIONS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>-ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000079282	y were filed on 4/10/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" 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 o registered agent and/or the new registered office address her		ls, enter the name of the ne
Name of New Registered Agent:		2008 F
New Registered Office Address:	Enter Florida street addre	APR 24 NHASSEE
	City F	lorida 7 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	Ş o

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
AMBR	TERRY A BROWN	7955 DAWSONS CREEK DRIVE	■ Add
		JACKSONVILLE, FL 32222	Remove
			Change
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		4/21/17					
fective date, if other than the in effective date is listed, the date mu		g:	to date of filing	or more than 90 d	_ (optional)	repart to	605 020
ote: If the date inserted in this b	lock does not r	neet the applic	able statutory	filing requireme	ents, this date wil	I not be	listed as
cument's effective date on the D	epartment of S	State's records.					
record specifies a delaye The 90th day after the rec	d effective of cord is filed.	date, but no	t an effectiv	ve time, at 1	2:01 a.m. on	the ea	arlier o
APRIL 21		, 2017					
17.							
				ative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00