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2019 APR -1 PH 5: 10

C. GOLDEN APR - 8 2019

## **COVER LETTER**

	ion Section of Corporations	,	
CLID III CON	Drone Media LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	Hugo D Melendez		
		Name of Person	
	Aero Drone Media LLC		
		Firm/Company	
	11091 NW 27th Street Suit	te 212	
	Doral, Florida 33172	Address	
	hdmelendez@gmail.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	lication)
For further informa	tion concerning this matter, please ca	nll:	
ługo D Melendez		305 431-9547	
N	lame of Person	Area Code Daytim	e Telephone Number
nclosed is a check	for the following amount:		
\$25.00 Filing F	Tee □ \$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:

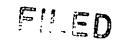
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



Aero Drone Media LLC

2019 APR - 1 PM 5: 10

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)
(A rionda Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/14/2017 and assigned
Florida document number L17000083842	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	hity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	11091 NW 27th Street
(Principal office address MUST BE A STREET ADDRESS)	Suite 212
	Doral, Florida 33172
Enter new mailing address, if applicable:	11091 NW 27th Street
Mailing address MAY BE A POST OFFICE BOX)	uite 212
<u>D</u>	Doral, Florida 33172
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer r ioriau sirvei uaaress
	, Florida
	City Zin Code

## y Registered Agent's Signature, if changing Registered Agent:

preby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 15 g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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>	Type of Action
AMBR	Rafael J Tudela	11091 NW 27th Street	
<del></del>	<del></del>		
		Suite 212	
		Doral, Florida 33172	■ Remove
			☐ Change
			Remove
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	-	04/14/201	7		
Effective date, if other than if an effective date is listed, the date	the date of fi			(optio	nal)
If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	iis block does n	ot meet the appli	cable statutory fili	more than 90 days aftering requirements, this	filing.) Pursuant to 605.020 date will not be listed as
ie record specifies a dela The 90th day after the	record is file	e date, but n ed.	ot an effective	time, at 12:01 a	.m. on the earlier ô
March 26		2019			
$\mathcal{L}$	40 41	0.0	<del></del>		
$\varphi^{\bullet}$	Signature o	mon	norized representativ		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00