

LI7000124401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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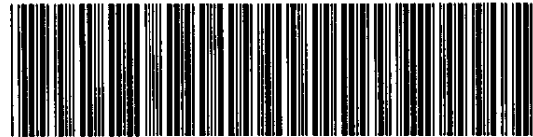
(Business Entity Name)

(Document Number)

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17 NOV 13 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 NOV 13 AM 8:15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerald Coast Drone Services 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:

Donald McNaron  
Name of Person

Emerald Coast Drone Services LLC  
Firm/Company

824 Bradford Circle  
Address

Lynn Haven, FL 32444  
City/State and Zip Code

ECTDS@emeraldcoastdrones.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald McNaron at (850) 890 7306  
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

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

*Emerald Coast Drone Services 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 6/7/2017 and assigned Florida document number L17000124401.

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)**

2310 S. HWY 77

Suite 110

Lynn Haven, FL 32444

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2310 S. Hwy 77

Suite 110

Lynn Haven, FL 32444

**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

**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**

17 NOV 13 AM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	Shelly McVicar	824 Bradford Cir	<input type="checkbox"/> Add
		Lynn Haven, FL 32444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>AMBR</del>	<del>Stevenson, Ken</del>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Frederick Stevenson	3004 Syracuse Ave	<input checked="" type="checkbox"/> Add
		Panama City, FL	<input type="checkbox"/> Remove
		32405	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 NOV 13 AM 7:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 NOV 13 AM 7:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated 7 Nov 2017

Signature of a member or authorized representative of a member

Donald McGarron  
Typed or printed name of signee