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R	equestor's Name)
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02/26/18--01042--019 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Energld Cogst Drone Scrvices 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:
Name of Person
Exerald (acst Drong Services ()
2310 S. HWY 77 Soite IIC
City/State and Zip Code  City/State and Zip Code  Don & Emercial Coast Anong Drg  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) C690 - 1308  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee  \$\sum_{\text{S30.00 Filing Fee}} \& \sum_{\text{S55.00 Filing Fee}} \& \sum_{\text{Certified Copy}} \\ (additional copy is enclosed) \\  \$25.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$25.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$25.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.00 Filing Fee  \$\text{Certified Copy} \\ (additional copy is enclosed) \\  \$255.0
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

Registration Section Division of Corporations P.D. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Energld Coast Dro.	ne Services  any as it now appears on o  Liability Company)	L(C		
(A Florida Limited	Liability Company)	u <u>r records.</u> )		
The Articles of Organization for this Limited Liability Company	were filed on	50.1e 7.017 and assign	ed	
Florida document number <u>[ 17000 12440</u> ]				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "L.I.C" or the abbreviation "L.IC		
Enter new principal offices address, if applicable:		<del></del>	_ <del>Z</del> .S	
(Principal office altdress MUST BE A STREET ADDRESS)			<del></del>	
	<u> </u>			
		0	SE	
Enter new mailing address, if applicable:		P	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	-	7:	1.5 1.5	
		34	M. C.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		records, enter the name of	the new	
Name of New Registered Agent:				
New Registered Office Address:				
iven regulated office frames.	Enter Florida street address			
		, Florida Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my a provided for in Chap	luties, and I am familiar with a ter 605, F.S. Or, if this docume	ınd	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 Type of Action **Address** 824 Bradford Circle DANG Lynn Haven FL . 32444 Remove \_\_\_\_\_Change Anon/mgs Shelly MrNavan S24 Brad Ford Circle MAdd

Lin Paven FL. 37444 Remove MORE Frederick Stevenson 3004 Sylacuse Aux 0 Add Parama City Fl Kremove 32405 \_\_ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove □ Change □ Add

☐ Remove

□ Change

D. If ame	nding at	y other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	N'z	founder of this IC, I wish to be labled		
_	G	4 Menter and vanager,		
	7	an adding Stall. M. Naran as the same.		
_	Fa	Lericle Stevenson is to be removed from the LLC.		
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docum	ent's effe	etive date on the Department of State's records.		
		ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie by after the record is filed.	er of:	;
Datad	27	Tels 2018 . Zors		
Dated	;XA(!			
		Signature of a member or authorized representative of a member		
	-	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00