

L17000124401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

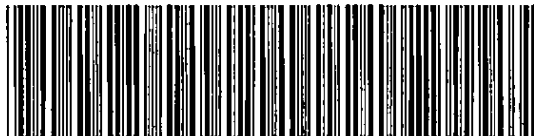
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 FEB 26 PM 7:34

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 McNamee
Name of Person

Emerald Coast Drone Services LLC
Firm/Company

2300 S. HWY 77 Suite 110
Address

Lynn Haven, FL 32444
City/State and Zip Code

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

For further information concerning this matter, please call:

Donald McNamee at (850) 890-7308
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$50.00 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

Emerald Coast Drone Services LLC

Page 1 of 3

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>
AMBR/MGR	Donald McNearon	824 Bradford Circle	<input type="checkbox"/> Add
		Lynn Haven, FL. 32441	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR/MGR	Shelly McNearon	824 Bradford Circle	<input checked="" type="checkbox"/> Add
		Lynn Haven, FL. 32441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Frederick Stevenson	3004 Syracuse Ave	<input type="checkbox"/> Add
		Panama City, FL	<input checked="" type="checkbox"/> Remove
		32405	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

As founder of this LLC, I wish to be labeled
as Member and manager.

I am adding Stelly, McNamara as the Secy.

Frederick Stevenson is to be removed from the LLC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 FEB 26 PM 7:23

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 22 Feb 2018 2018


Signature of a member or authorized representative of a member

David McNamara
Typed or printed name of signee