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(Re	questor's Name)	<del>.</del>
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(Cit	y/State/Zip/Phone	e #)
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TO: Registration S Division of Co				
43 4 1 m × 8 3 4 1783	Vision LLC			
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Kelvin K Hearns Jr.			
		Name of Person		
	HD Aerial Vision LLC			
		Firm/Company		
	6800 Gulfport Blvd S STE 201-157			
		Address	<del></del>	
	South Pasadena, FL 33707	7		
	ketvinhearns273@gmail.co	City/State and Zip Code m	<del></del>	
	E-mail address: (	to be used for future annual report no	(ification)	
For further information	concerning this matter, please c	all:		
Kelvi	n K Hearns Jr		me Telephone Number	
Name	of Person	Area Code Dayti	me 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 ORGANIZATION OF

HD Aerial Vision LLC

( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	iny were filed on	June 19, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
Hoverover LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	Not applicable		
(Principal office address MUST BE A STREET ADDRESS)		<del>-</del>	<del></del> -
Enter new mailing address, if applicable:	Not applicable		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:		our records, <u>enter</u>	the name of the r
<del></del>			
New Registered Office Address:	Enter Flor	ida street address Florida	7 50
	City	, i iorida	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	<u> </u>	

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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change

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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of forte:  If the date inserted in this block does not meet the applicable statut cument's effective date on the Department of State's records.	O /2017 (optional) filing ormore than 90 days after filing.) Pursuant to 605
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
ed July 5, 2017.  Millia Killean A.  Signature of a member or authorized representation.	
Ella Kot sons f.	
Signature.oFa member or anthorized repre	esentative of a member
Kelvin K Hearns Jr.	
Typed or printed name of	Sioner

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Filing Fee: \$25.00