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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: | Registration Sec Division of Cor | | | |
|----------------|-------------------------------------|---|---|---|
| SUBJE | Hoverover | LLC | | |
| SOIME | C1 | Name of Limi | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are subi | mitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter t | to the following: | |
| | | Kelvin K Hearns Jr. | | |
| | | | Name of Person | · - · · · · · |
| | | Hoverover LLC | | |
| | | | Firm/Company | |
| | | 6800 Gulfport Blvd S STE | 201-157 | |
| | | | Address | |
| | | South Pasadena, FL 33707 | | |
| | | kelvinhearns273@gmail.com | City/State and Zip Code | |
| | | | to be used for future annual report notific | cation) |
| For furt | her information co | oncerning this matter, please ca | ıll: | |
| Kelvin | K Hearns Jr | | 727 906-6505 | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | ne 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

| Hoverover LLC | | |
|--|--|-----------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our recor Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Compan Florida document number 1.17000133471 | y 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 lia | bility company here: | ~ .o. 6 |
| Hoverover Photography and Video LLC | | EC. |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LL | C" or the ability ationlC. |
| Enter new principal offices address, if applicable: | Not applicable | m & Egg |
| (Principal office address MUST BE A STREET ADDRESS) | | mar a D |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Not applicable | NIE F |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: | | ds, <u>enter the name of the </u> |
| Name of New Registered Agent. | | • |
| | | |
| New Registered Office Address: | Enter Florida street addr | ess |
| - | | ess Îlorida |

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

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 = A | Authorized Member | | |
|--------------|-------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | 06/20/2017 |
| ffect | tive date, if other than the date of filing: (optional) Tective 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 605.020 |
| Vote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| locun | nent's effective date on the Department of State's records. |
| | |
| | cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $lpha$ 90th day after the record is filed. |
| | , |
| Dated | June 15 2018 |
| | |
| | hete h. Hears h. |
| | to the same of the contract of |
| | Signature of a member of authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00