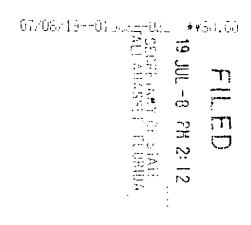
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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COVER LETTER

CUDICO		BAL MISSIONS, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Neil Dick				
			Name of Person	<u>. </u>		
		UAV GLOBAL MISSION	IS, LLC			
			Firm/Company	· · · ·		
		10065 DASHEEN AVE.				
			Address			
		PALM BEACH GARDEN	IS, FLORIDA 33410			
		COLUMNICU OLICLOUN	City/State and Zip Code	···		
		SCULPTNEIL@ICLOUD.	COM to be used for future annual report notif	ication)		
or further in	formation co	oncerning this matter, please ca	-			
Neil Dick			561 517-7758			
	Name of	f Person	at ()	Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 Fi	ling 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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differ 3 creetive	date on the Departin	on or state s	records.					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00