

218000143050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

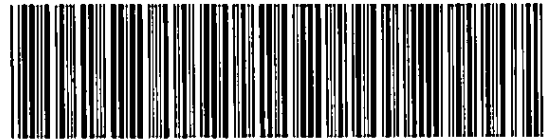
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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wrong form 4/24

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2019 APR 24 PM 3:49

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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2019

DAVID A. LAWRENCE  
NAVARRE FLORIDA DRONE PILOT LLC  
2599 HIDDEN CREEK DRIVE  
NAVARRE, FL 32566

SUBJECT: LAWRENCE PHOTOGRAPHY AND DRONING, LLC  
Ref. Number: L18000143050

We have received your document for LAWRENCE PHOTOGRAPHY AND DRONING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather  
Regulatory Specialist III

Letter Number: 719A00007356

2599 HIDDEN CREEK DRIVE  
NAVARRE, FL 32566

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lawrence Photography and Droning, 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:

David A. Lawrence

\_\_\_\_\_  
Name of Person

Lawrence Photography and Droning, LLC

\_\_\_\_\_  
Firm/Company

2599 Hidden Creek Drive

\_\_\_\_\_  
Address

Navarre, FL 32566

\_\_\_\_\_  
City/State and Zip Code

dalawre2@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Lawrence

850 420-9425

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Navarre Florida Drone Pilot, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/11/2018 and assigned:

Florida document number L18000143050

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Lawrence Photography and Droning, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

David A. Lawrence

New Registered Office Address:

2599 Hidden Creek Drive

Enter Florida street address

Navarre

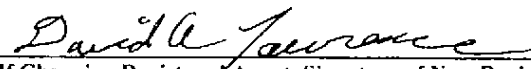
Florida 32566

City

Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**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.

Dated 4/19, 2019

David Lawrence  
Signature of a member or authorized representative

David A. Lawrence

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**Filing Fee: \$25.00**

FILED  
2019 APR 24 PM 3:49  
TALLAHASSEE, FL