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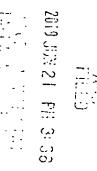
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	CT: Name of Limited Liability Company	L
The er	losed Articles of Amendment and fee(s) are submitted for filing.	Solution Service Telephone Number Solution Service Telephone Number
Please	eturn all correspondence concerning this matter to the following:	
	Glen Ells Name of Person	
	Firm/Company	
	4061 Estancia Way	
	Melbourne FL 32934 City/State and Zip Code Gley 0757 @ yah po. com E-mail address: (to be used for future annual report notification)	2,
	E-mail address: (to be used for future annual report notification)	
For fi	the mornauon concerning this matter, please can:	(<u></u>
	G/EN Ellis at (321) 482-6915	
Enclo	ed is a check for the following amount:	
D \$:	5.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status 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

The Articles of Organization for this Limited Liability Company were filed on May 30, 2019 and assigned Florida document number 119000144198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Reaction Drone Solutions Pure.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address Florida City

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amy Ellis	4061 Estancia Way Melhourne FC 329	Add
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Effec Fan cl	tive date, if other than the date of filing: \(\sqrt{\text{Unc} 19, \text{2019}}\) (optional) The tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.		
Note:			
Note: docur	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earth of the feet of the record is filed.	earlie	er of
Note: docur he re The	e 90th day after the record is filed.	earlie	er of:
Note: docur he re The	e 90th day after the record is filed.	earlie	er of:

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Filing Fee: \$25.00