

L19000236765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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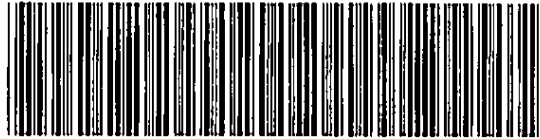
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS  
JAN 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Higher Power Drone Photography 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:

Timothy R. Warren  
Name of Person

Higher Power Drone Photography LLC  
Firm/Company

708 Tangenne Ct.  
Address

Winter Garden FL 34787  
City/State and Zip Code

Tim@higherpowerdrone.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Warren at (407) 383-3014  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Higher Power Drone Photography 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 9.19.19 and assigned  
Florida document number L190002367.65

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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:**

**New Registered Office Address:**

Timothy B. Warren  
708 Tangerine Ct  
Enter Florida street address  
Winter Garden, Florida 34787  
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.*

Timothy B. Warren  
**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>
Registered agent	Sean Lagasse Sr.	1910 Black Lake Blvd	<input type="checkbox"/> Add
		Winter Garden FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Sean Lagasse Sr.	1910 Black Lake Blvd	<input type="checkbox"/> Add
		Winter Garden FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Hi Rise Industries Inc.	6574 North St. Rd. 7	<input type="checkbox"/> Add
		#277	<input checked="" type="checkbox"/> Remove
		Coconut Creek FL 33073	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12 27. 2019

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**