L19000270916

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: Received Back 3/3/25		

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2023 MAR ~3 PM 2: 13



February 17, 2025

YURIY DRON 4508 HANSARD AVE NORTH PORT, FL 34286 US

SUBJECT: DRON PRODUCTLINES LLC

Ref. Number: L19000270916

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

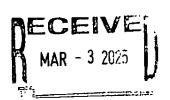
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Mary C Malone Amendment Section

Letter Number: 425A00003413



COVER LETTER

TO: Registration Section
Division of Corporations

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yuriy Dron		
		Name of Person	
	DRON PRODUCTLINES	ПС	
	- INOSOCIEMES	Firm-Company	
	4508 hansard ave		
		Address	
	North Port FL 34286	<u> </u>	
		City/State and Zip Code	
	dronproductlines@gmail.co		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Yuriy Dron		at (1) 9416158585	
Name o	f Person	at (1) 9416158585 Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, I	.7	The Centre of T	allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRON PRODUCTLINES LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) iited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 10/29/2019	and assigned
Florida document number L19000270916		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
DroneX LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4508 HANSARD AVE NORTH PORT, FL 34286	
Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
		202
		A PORT DI MONTO TRA
Enter new mailing address, if applicable:	4508 HANSARD AVE NORTH PO	DRT, FL 34286 50
Mailing address MAY BE A POST OFFICE BOX)		
		.2 ₀ . 3 k
		527 -
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registe
agent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	1
	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 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
			□Add
			□Remove
			Change
			□ Add
			Remove
			□Change
			□Remove
		·	☐ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)	
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lf an eff <u>Note:</u>	ve date, if other than the date of filing: 01/04/2025 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	.) Pursuant to 6	05.0207 (3) isted as the
e recor rd is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Thed.	ne 90th day at	fter the
Dated	01/04/2025	:::	2025
		12 12 12 12 12 12 12 12 12 12 12 12 12 1	2025 HAR
	Signature of a member of a thorized representative of a member	- 25 - 35 - 35 - 35	Δ :
	Vuriy V Dron	- 11 - 01	Px

Typed or printed name of signee