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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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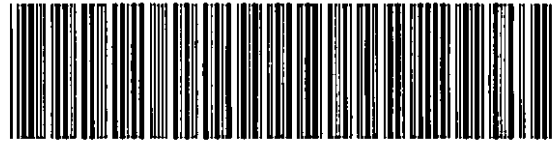
(Business Entity Name)

(Document Number)

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R. WHITE
JUN 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dagger Remote Aviation, 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:

Cory J. Godwin
Name of Person

Dagger Remote Aviation, LLC
Firm/Company

913 Beal Pkwy NW Suite -A #141
Address

Fort Walton Beach FL 32547
City/State and Zip Code

cory.j.godwin@daggerremoteaviation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Godwin at (720) 300-0313
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**

Dagger Remote Aviation, LLC

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

20 Feb 12:03

The Articles of Organization for this Limited Liability Company were filed on February 10, 2020 and assigned Florida document number L20000046627.

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 "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)

913 Beal Pkwy NW
Suite-A #141
Fort Walton Beach, FL 32547

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:

913 Beal Pkwy NW Suite-A #141
Enter Florida street address
Fort Walton Beach, Florida 32547
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>
AMBR	Corey J. Godwin	913 Beal Pkwy NW Suite - A	<input type="checkbox"/> Add
		#141	<input type="checkbox"/> Remove
		Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change
AMBR	Matthew K. Drangstveit	913 Beal Pkwy NW	<input type="checkbox"/> Add
		Suite - A #141	<input type="checkbox"/> Remove
		Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change
AMBR	Ryan M. Walsh	913 Beal Pkwy NW	<input type="checkbox"/> Add
		Suite - A #141	<input type="checkbox"/> Remove
		Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change
AMBR	Tyler K. Cromearns	913 Beal Pkwy NW	<input type="checkbox"/> Add
		Suite - A #141	<input type="checkbox"/> Remove
		Fort Walton Beach, FL 32547	<input checked="" 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

[illegible]

(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.


Signature of a member or authorized representative of a member

Corey Godwin
Typed or printed name of signer