

2200000 4627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

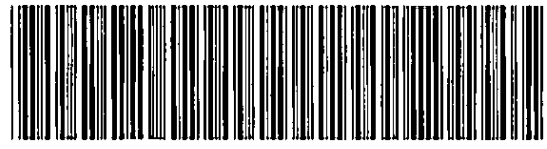
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

167, 623

Office Use Only



900348941489

07/27/20--01019--013 **25.00

RECEIVED

JUL 22 2020

RECEIVED
NOV 3 2025



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2020

MATTHEW DRANGSTVEIT
DAGGER REMOTE AVIATION, LLC
1992 LEWIS TURNER BLVD OFFICE 1402
FORT WALTON BEACH, FL 32547

SUBJECT: DAGGER REMOTE AVIATION, LLC.
Ref. Number: L20000046627

1

We have received your document for DAGGER REMOTE AVIATION, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Shelia S Young
Regulatory Specialist II

Letter Number: 420A00017035



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2020

MATTHEW DRANGSTVEIT
DAGGER REMOTE AVIATION, LLC
1992 LEWIS TURNER BLVD OFFICE 1402
FORT WALTON BEACH, FL 32547

SUBJECT: DAGGER REMOTE AVIATION, LLC.
Ref. Number: L20000046627

We have received your document for DAGGER REMOTE AVIATION, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 420A00017035

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Address for Dagger Remote Aviation
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:

Matthew Drangstveit

Name of Person

Dagger Remote Aviation

Firm/Company

1992 Lewis Turner Blvd, Office 1402

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

matt.Drangstveit@daggerremoteaviation.com

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

For further information concerning this matter, please call:

Matt Drangstveit

at (605) 214-3411

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)

The Articles of Organization for this Limited Liability Company were filed on Feb 10th, 2020 and assigned
Florida document number 120000046627.

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:

1992 Lewis Turner Blvd, Office 1402

(Principal office address MUST BE A STREET ADDRESS)

Fort Walton Beach, FL 32547

Enter new mailing address, if applicable:

1992 Lewis Turner Blvd, Office 1402

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

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	Matthew Drangstveit	1992 Lewis Turner Blvd, Office 1402	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Corey Godwin	1992 Lewis Turner Blvd, Office 1402	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tyler Cromeans	1992 Lewis Turner Blvd, Office 1402	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan Walsh	1992 Lewis Turner Blvd, Office 1402	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input type="checkbox"/> Remove
			<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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: _____ (Optional)
(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)
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 November 20, 2020

Signature of a member, or authorized representative of a member

Corey Godwin
Typed or printed name of signee

Filing Fee: \$25.00