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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se vivision of Cor			
SUBJECT		e Droneography LLC	•	
SUBJECT	ī:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	endence concerning this matter	to the following:	
		Brett Jennings		
			Name of Person	
		Drangoneye Droneography	LLC	
		·	Firm/Company	
		75 willow st		
			Address	
		Monticello FL 32344		
		<u></u>	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further	information co	oncerning this matter, please c	all:	
Brett Jenni	ings		850 228-7302	
Name of Person				me Telephone Number
Enclosed is	s a check for th	ne 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)
	lailing Address		Street Address:	action
			-	
	O. Box 632	s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Brett Jennings		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as	it now appears on our records.)
(Name of the Limited Liability Company as (A Florida Limited Liabil	ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on April 17, 2020 and assigned
Florida document number L20000105941	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
Dragoneye Droncography LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	(C)
	>5
Enter new mailing address, if applicable:	100
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ess on our records, <u>enter the name of the new regi</u> s
New Registered Office Address:	Enter Florida street address
	mar i fortida sirect dadires.
	Florida
	City Zip Code

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>	Address	Type of Action
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			□Remove
		 	□Change
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