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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Division of Co					
	NDSCAPING LLC		•	(4.	
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sultoned ondence concerning this matter	_			
	DANIEL SANCHEZ				
		Name of Person		_	
	DAN'S LANDSCAPING	LLC			
	_				
	_				
	MULBERRY FLORIDA	33860			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		- တ <b>&gt;</b>	
	DANIELSANCHO@LIVE		<del>-</del>	920 . ECR	
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report notifiall;	ication)	2020 JUL 14 SECRETARIA	1 2 2
DANIEL SANCHEZ		863 670-3647		SSEE C	
Name o	f Person		e Telephone Numbe	7:21	فري
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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

DAN'S LANDSCAPING LLC  (Name of the Limited Liability Company as it is (A Florida Limited Liability)	now appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were fi	led on and assigned
torida document number £.20000160185	3
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	mpany here:
AN'S DRONE SERVICES LLC	
e new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	Ø №
	820 TAL
nter new mailing address, if applicable:	T E T
	The same of the sa
failing address MAY BE A POST OFFICE BOX)	
<del></del>	
If amending the registered agent and/or registered office address	an our records arise the residence of
ent and/or the new registered office address here:	on our records, enter the name of the new regist
Name of New Registered Agent:	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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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Typed or printed name of signee