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2020 SEP 14 AM 9: 15
SECRETARY OF STATE

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COVER LETTER

TO: Registration and Division of C						
SUBJECT: DAN'S DRONE'S SERVICES						
Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	DANIEL SANCHEZ					
		Name of Person				
	DAN'S LANDSCAPING	DAN'S DROK	IÉ'S SERVICE			
		Firm/Company				
	280 CESARA ESTATES	DRIVE				
		Address	 			
	MULBERRY FLORIDA	33860				
		City/State and Zip Code				
	DANIELSANCHO@LIVE E-mail address: (.COM to be used for future annual report notifi	cation)			
For further information	concerning this matter, please c	all:				
DANIEL SANCHEZ		863 670-3647				
Name	e of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company) SECRETARY OF STATE

TALLAHASSEE, FIL The Articles of Organization for this Limited Liability Company were filed on 06/10/2020 and assigned Florida document number 1.20000160185 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DANS DRONE SERVICES LLC LIMITLE55 DRONE SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 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>	Address	Type of Action
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			Change
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busine	iss account thanks,	
LIM	ITLESS DRONE SERVICES	LLC/
	e, if other than the date of filing:	(optional)
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