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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Division of Cor	porations		
	ners of Florida LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for tiling.	
Please return all correspo	ndence concerning this matter (to the following:	
	Lynore Reiseck		
		Name of Person	
	The Drone Farmers Florida	LLC	
		Firm/Company	
	1209 Tequesta Street		
	-	Address	
	Fort Lauderdale, FL 33312		
	Name of Person The Drone Farmers Florida LLC Firm/Company 1209 Tequesta Street Address Fort Lauderdate, FL 33312 City/State and Zip Code Ireiseck@hotmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: at (
	·-	o be used for future annual report notif	fication)
For further information co			
Lynore Reiseck			
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25,00 Filing Fee	-	Certified Copy	Certificate of Status &
Mailing Address Requistration S		Street Address: Registration Sec	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

(<u>Name of the Limited Liability Co</u> (A Fforida Lim	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.21000059598}{1.21000059598}$	oany were filed on 02/03/202	l and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The Drone Farmers Florida LLC			
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation 1209 Tequesta Street	on "LL.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Fort Landardala El 22		
		<u> </u>	
Enter new mailing address, if applicable:	1209 Tequesta Street	2 55	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33	312	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:		enter the name of the new registered	
Name of New Registered Agent: Lynore Rei	Lynore Reiseck		
New Registered Office Address: 1209 Tequal	esta Street Enter Florida stree	t address	
Fort Laude		, Florida 33312	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Derrick C. Perkins	1209 Tequesta Street	
		Fort Lauderdale, FL 33312	
			■Change
			□Add
			Remove
			☐ Change
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1209 TEQUESTA STREET.	FORT LAUDERDALE, FL 33312 as noted above.	
		
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ctive date, if other than the	date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	4.5.000
effective date is listed, the date muses: If the date inserted in this bl	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to cock does not meet the applicable statutory filing requirements, this date will not be I	isted a
ument's effective date on the D		
· -	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day a	fter the
filed.		
February 16	2021	
ed	() · · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00