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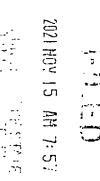
(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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A. BUTLER
DEC - 6 2021

COVER LETTER

Registration Section Division of Corporations

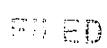
Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Dominique Papa				
		Name of Person			
	Drone Over The Top LLC				
		Firm/Company			
	300 N New York Ave, PO	box 843			
		Address			
	Winter Park, Fl 32789				
	 	City/State and Zip Code			
	Info@droneoverthetop.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Dominique Papa		860 836-0865 at ()			
Name o	f Person	Area Code Daytim	ne Telephone Number		
Contract in a structure fourt	es fallouine amount				
Enclosed is a check for the			□ 640 00 EU . F		
☐ \$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:		Street Address:			
Registration Section		Registration Section			
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			
Tallahassee.		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 HOV 15 AM 7:5% Drone Over The Top LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) UT STATE The Articles of Organization for this Limited Liability Company were filed on April 23, 2021 and assigned Florida document number $\underline{L21000188918}$ 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 "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

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 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
AMBR	Paula Aquilina	13 Baldwin Drive, Farmington, CT 06032	= Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
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e record specif rd is filed.	lies a delayed effe	ctive date, but no	ot an effectiv	ve time, at 12:01	a.m. on the earl	ier of: (b) The 9	Oth day after the
Novem	iber 5		2021				
				/_			

Typed or printed name of signee