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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SU <b>BJECT:</b>	eal ance l	Orone Services, LLC		
		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	ndence concerning this matter	to the following:	
		Dana Lanier		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Scal ance Drone Services, LLC			
			Firm/Company	
		3909 SW 69th Ave		
			Address	
		Gainesville, FL 32608		
			City/State and Zip Code	<del></del>
		danabeevet@gmail.com		
		E-mail address: (	to be used for future annual report not	fication)
For further infor	mation co	oncerning this matter, please ca	all:	
Dana Lanier			813 997-0750 at ( )	
	Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a ch	eck for th	e following amount:		
□ \$25.00 Filin	ig 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)
	g Address		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scal ance Drone Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/29/2021 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Scalance Drones, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," same Enter new principal offices address, if applicable: 3909 SW 69th Ave Gainesville FL 32608 (Principal office address MUST BE A STREET ADDRESS) same 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: n/a-same 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.

City

NA

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:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			☐Change
			□Remove
			□Change

# Page 2 of 3

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
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-	
<u> </u>	
(If an effectiv <b>Note:</b> If th	date, if other than the date of filing:  [11/01/2021]  [coptional]  [c
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	Oct 29 , 2021.
	1) gra Lavier
	Signature of a member or authorized representative of a member
	Dana Lanier