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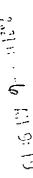
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2021

RONALD SULLIVAN 418 SALIFISH AVE. CAPE CANAVERAL, FL 32920

SUBJECT: SULLIVAN INSPECTIONS LLC

Ref. Number: L21000377510

We have received your document for SULLIVAN INSPECTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00023282

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LET•TER

TO:

| | stration Section of Corp | | | |
|----------------------|---|--|--|---|
| | | pections LLC | | |
| SUBJECT: _ | | | ited Liability Company | |
| The enclosed A | Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return a | ill correspo | ndence concerning this matter | to the following: | |
| | | Ronald Sullivan | | |
| | | | Name of Person | |
| | | Sullivan Inspections LLC | | |
| | | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | | 418 Sailfish Avenue | | |
| | | | Address | |
| | | | | |
| | | · | City/State and Zip Code | |
| | | Cape Canaveral, Fl. 32920 | to be used for future annual report notific | cation) |
| For further inf | ormation co | oncerning this matter, please of | • | callony |
| Ronald Sulliva | an | | 407 340-0408 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a c | check for th | c following amount: | | |
| ■ \$25.00 Fil | ling 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) |
| Regi Divi P.O. | ng Address stration S sion of Co Box 632 ahassee, F | Section orporations 7 | Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | orations Illahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sullivan Inspections LLC

company has been notified in writing of this change $(N \cap Y)$

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000377510</u> . | were filed on and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| DPI - Drone Photography Inspections LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 418 Sailfish Ave. |
| (Principal office address MUST BE A STREET ADDRESS) | Cape Canaveral, Fl. 32920 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 418 Sqilfish Ave. Cape Canavern, Fl. 32920 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | nddress on our records, enter the name of the new register |
| Name of New Registered Agent: Perco | ld Sullivan |
| New Registered Office Address: 418 | Enter Florida street address |
| Cape (| City Storida 32,920 |
| New Registered Agent's Signature, if changing Registered Agent: | 11 |

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 diability

If Changing Registered Agent, Signature of New Registered Agent

တ

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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| lf an efl <u>Note:</u> | ve date, if other than the date of filing: |
| e recor rd is fi | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated | 10/4/2021. |
| | Signature of a member or authorized representative of a member |
| | |

Typed or printed name of signee