

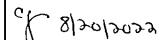
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COVER LETTER

TO:

SURIF <i>C</i> T:	Ness Holdi	ngs Group, LLC		
The enclosed Articles of	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. trum all correspondence concerning this matter to the following: Mason Ness Name of Person			
Please return all correspo	indence concerning this matter	to the following:		
		Name of Limited Liability Company Get(s) are submitted for filing. In this matter to the following: Mason Ness Name of Person Ness Holdings Group, LLC Firm/Company PO BOX 144044 Address Coral Gables, FL, 33114 City/State and Zip Code masonness000@gmail.com neal address: (to be used for future annual report notification) Itter. please call: at (786) Area Code Daytine Telephone Number Int: Ing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Ness Holdings Group, LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. Mason Ness Name of Person Ness Holdings Group, LLC Finn/Company PO BOX 144044 Address Coral Gables, FL, 33114 City/Nate and /ip Code masonness000@gmail.com E-mail address (to be used for future annual report notification) information concerning this matter, please call: Mason Ness Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Street Address: ggistration Section Division of Corporations O, Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	PO BOX 144044			
		Firm/Company		
		PO BOX 144044		
	 			
	RIECT: Ness Holdings Group, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. assertum all correspondence concerning this matter to the following: Mason Ness			
	ma	sonness000@gmail.co	om	
		•	t notification)	
For further information c	oncerning this matter, please c	all:		
Maso	on Ness	at (786)	813-4298	
Name o	f Person		nytime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
		Street Addres	<u>s:</u>	
_				
	•			
		2415 N. Mo	onroe Street, Suite 810	
		Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ness Holdings Group, LLC

2022 JUH -7 AM 8:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/28/2021 The Articles of Organization for this Limited Liability Company were filed on _____ ____ and assigned Florida document number 1.21000426813 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Miami Drone Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NO CHANGE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NO CHANGE 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: NO CHANGE Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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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If an effective on Note: If the	ite, if other than the date late is listed, the date must be sp date inserted in this block do effective date on the Departn	ecific and cannot be prior to does not meet the applicable	late of filing or more than t	(optional) X) days after filing) Pursuant to ements, this date will not be	o 605.0207 (e listed as t
ne record s The 90th	specifies a delayed effe day after the record is	ective date, but not a s filed.	n effective time, a	t 12:01 a.m. on the e	arlier of:
Dated	May 23	2022			
_	MO2 Signat	20w Wels	od representative of a men	ıber	-
		Mason J	Ness		
-		Typed or printed na		<u></u>	