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COVER LETTER

Division of Corp			•			
SUBJECT: Kleinhaus D	rone Services, LLC	•				
	Name of Limi	ted Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for tiling.				
Please return all correspor	ndence concerning this matter t	o the following:				
	Julianne Klein	A. CD				
		Name of Person				
	Kleinhaus Drone Services,	LLC				
		Firm/Company				
	3621 Swan Lane	Address				
	Pensacola, FL 32504					
		City/State and Zip Code			2022	
	jklein@kleinhausconsulting E-mail address: 0	.com to be used for future annual report notific	cation)		83.3 EB	
For further information co	oncerning this matter, please co				- - - :	.
1.11 121.5.		at (850) 255-4642				
Julianne Klein Name of	Person	Area Code Daytime	Telephone Number		5: ₋ ,	v _{ie} je [†]
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &		
<u>Mailing Addres</u>	<u>8:</u>	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

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

Kleinhaus 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 11/9/2021 Florida document number <u>L</u>21000484078 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kleinhaus Drone Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 Cuv

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>	Name	Address	Type of Action
			□Add
			□Remove
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Note: If the o	e, if other than the one is listed, the date must late inserted in this blo fective date on the De	ck does not m	ieet the applical	o date of filing or m ble statutory filin	ore than 90 days a g requirements.	ottonal) tler (iling.) Pursuant t this date will not be	o 605,0207 a listed as
the record speci cord is filed.	fies a delayed effective	date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
Dated Februa			2022				
	\bigcirc .	/ -	10				

Filing Fee: \$25.00