L22000489076

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R. HUNT 07/10/23

COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			*	
cup ir		ography Graphics & Drone Ser	vice LLC - Name Change	·	
SUBJEC	.l: <u></u>	Name of Lim			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Phillip Forde			
			Name of Person		
		Forde Photography Graphi	es & Drone Service LLC		
		•	Firm/Company		
		1691 Forum Place, Suite E	3 PMB 1001		
			Address		
		West Palm Beach,FL 3340	01-2336		
	City/State and Zip Code				
admin@fordephotoanddrones.com					
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	er information c	concerning this matter, please co	all:		
Phillip F	Forde		561 906-8228		
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed	I is a check for the	he following amount:			
■ \$25.	00 Filing Fee	S30.00 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)	
	Mailing Addres		Street Address: Registration Sec	tion	
Registration Section Division of Corporations			Division of Corp		
P.O. Box 6327			The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forde Photography & Drone Service 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 11/15/2022 and assigned Florida document number L22000489076 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Forde Photography & Drones 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

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

If Changing Registered Agent, Signature of New Registered Agent

_ Florida _

Zip Code

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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			□Remove
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