

L230000024697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

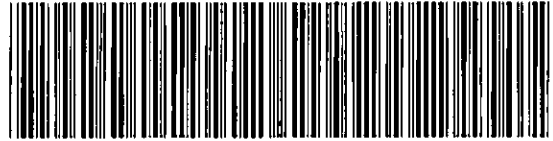
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FILED

2023 APR -6 AM 8:06

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aerial Drone Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trenton Smeal
Name of Person

Aerial Drone Services LLC
Firm Name

586 Sunrise Drive
Address

Babson Park / Florida 133827
City, State, Zip

Tsmeal53@yahoo.com
E-mail address (if any)

For further information concerning this matter, please call:

Trenton Smeal
Name of Person

863-605-9227
Office Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

----- Aerial Drone Services LLC
(Name of the Limited Liability Company as it now appears on our records)
(If Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/11/2023 and assigned
Florida document number L23000024697 -----

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

Aerial Drone Operations LLC
The new name must be distinguishable and contain the words "Limited Liability"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

292 Water Hole Road
Frostproof, Florida 33843

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

292 Water Hole Road
Frostproof, Florida 33843

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:

Trenton Smead

New Registered Office Address:

292 Water Hole Road

Enter Florida street address

Frostproof

Florida

33843

City

Zip Code

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. On this day, it 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.

Trenton Smead

(If changing Registered Agent, Signature of New Registered Agent)

FILED
2023 APR -6 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FL

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

[illegible]

MEI Trenton Spool 586 Sunrise Drive, Balson park 100
Florida 33217

Re: no.

Val Range

— **Andrei**

References

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Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.02(v), 34 CFR 101.33, and 101.34, the date of filing must be the date the application is received by the Department of Education.

If the record 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 record is filed

Dated April 4th, 2023

Theresa L. Moore
Signature of a member or authorized representative of a member.

Theresa Arnold
Typed or printed name of sender

Filing Fee: \$25.00