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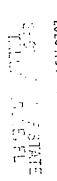
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COVER LETTER

TO:

Registration Section

Tallahassec, FL 32314

Division of Corporations Adventure Coast Orthomosaic & Mapping Solutions, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen G Hohman Name of Person ACOMS, LLC Firm/Company 10120 Weeks Drive Address Brooksville, Florida 34601 City/State and Zip Code shohman@acoms.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen G Hohman Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00 Filing Fee** □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adventure Coast Orthomosaic & Mapping Solutions, 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 3/8/2023 and assigned Florida document number ______L23000121738 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

Cin

, Florida

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	<u>Address</u>	Type of Action
MGR	Jacqueline Robbins	15111 Traverse Lane	■ Add
		Brooksville, Florida 34604	□Remove
			□ Change
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ffective date, if other than the	date of filing:		(optional)	⊃
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November 26	2022			
Dated November 26	2023			
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All-	Signature of a member or authorize	d representative of a memb	per	_

Filing Fee: \$25.00