## L23000234824

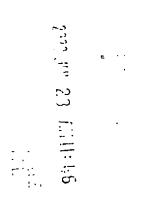
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

CUDIECT.		rone Operations, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
		Amendment and fec(s) are sub	-	
Please return	all correspo	ndence concerning this matter	to the following:	
		Stadler Adwell		
			Name of Person	<del></del>
		VoarVue Drone Operation	s, LLC	
			Firm/Company	<del></del>
		1415 Compton St		
			Address	
		Brandon, FL 33511		
		<del> </del>	City/State and Zip Code	<del></del>
		stadleradwell@voarvue.com		_
		E-mail address: (	to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please ca	all:	207, pr. 23
Stadler Adwell			813 507-6137	
	Name o	f Person	Area Code Daytime Telephone Nu	umber =
Enclosed is a	check for th	ne following amount:		
<b>■ \$</b> 25.00 F	filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Division of Corporations	
			The Centre of Tallahassee 2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VoarVue Drone Operations, LLC

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on o hability Company)	ur records.)	
The Articles of Organization for this Limited Lia Florida document number 1.23000234824		were filed on May 12.	, 2023	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of N/A	the limited liab	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designat	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica	N/A			
Principal office address MUST BE A STREET ADDRESS)			· - · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	ىــ ــــــــــــــــــــــــــــــــــ
Enter new mailing address, if applicable:		N/A		100
(Mailing address MAY BE A POST OFFICE BOX)				
				<del></del>
			;	r.; 0
B. If amending the registered agent and/or re agent and/or the new registered office address		ddress on our record	s, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	NeA			
New Registered Office Address:	N/A			
		Enter Florida stre	eet address	· · · · · · · · · · · · · · · · · · ·
			, Florida	
N B :	• • • • •	City	,	Lip Code
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the recompany has been notified in writing of this company	agent and agre r and complete tered agent as p egistered office	performance of my di provided for in Chapte	uties, and I am fami er 605, F.S. Or, if th	liar with and his document is

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>	<u>Address</u>	Type of Action
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		Tampa, FI 33511	≣Remove
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		7/31/2023			
ffective date, if other than	the date of filing:		<u> </u>	(optional)	
an effective date is listed, the da ote: If the date inserted in t					
ocument's effective date on	he Department of Sta	ite's records.			
record specifies a delayed ef is filed.	fective date, but not a	n effective time, at	2:01 a.m. on the earl	ier of: (b) The 90th day	after the
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25 July		2023			•
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	Signatore of a me	ember or authorized re	presentative of a memb	ir	`

Typed or printed name of signee