# L 23000383449

<del></del>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dustiess Limity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/14/2023

**NAME:** SUMMIT DRONE SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

### **COVER LETTER**

TÓ:

TO: Registration Se Division of Cor						
SUMMIT D	RONE SOLUTIONS LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	NICHOLAS BURGESS					
		Name of Person	<u> </u>			
	SUMMIT DRONE SOLU	TIONS LLC				
	<u> </u>	Firm/Company				
	17516 CORKWOOD BEN	ID TRAIL				
		Address				
	PUNTA GORDA, FL 3398	82				
		City/State and Zip Code				
	nburgess111@gmail.com					
			Same of Person  LLC  Firm/Company  VII.  Address  State and Zip Code  ed for future annual report notification)  at (			
For further information c	oncerning this matter, please ca	all:				
NICHOLAS BURGESS						
Name o	f Person	is matter to the following:  ISSES  Name of Person  E SOLUTIONS LLC  Firm/Company  OD BEND TRAIL  Address  FIL 33982  City/State and Zip Code til.com  address: (to be used for future annual report notification)  please call:  386  4823-6425  387  Daytime Telephone Number  Street Address:  Certified Copy (additional copy is enclosed)  Street Address:				
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
Mailing Addres		<u>Street Address:</u> Registration Sec	tion			
Registration S  Division of C		Division of Corp				
P.O. Box 632	7	The Centre of Ta	allahassee			
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810			

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMMIT DRONE SOLUTIONS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>v.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 08/14/2023	and assigned
Florida document number L23000383449		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	2000
Principal office address MUST BE A STREET ADDRESS	2	·
		A 4-18*
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter</u> (	the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Flo	orida 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. 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 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
MGR	NICHOLAS M BURGESS	17516 Corkwood Bend Trail Punta Gorda FL 33982	<b>=</b> Add
			□Remove
			□Change
		<del></del>	
			□Remove
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an effectiv	re date is listed.	r than the date the date must be seed in this block d	pecific and c	annot be prio	r to date of filir cable statutor	g or more than '	<b>optiona</b> O days after filir  ements, this da	l) ng.) Pursuant to 605 te will not be list	5.0207 ed as :
		ite on the Depart							
record sp is filed.	ecifies a dela	yed effective date	e, but not a	n effective t	ime, at 12:01	a,m. on the ea	arlier of: (b) /	The 90th day afte	er the

Typed or printed name of signce