# UZ4000Z73Z77

	(Requestor's Name)	
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PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	·
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## COVER LETTER , . . .

TO:	Registration S Division of Co			
CITO IEA		DRONE MEDIA, LLC	•	
SUBJE	∪ I: <sub></sub>	Name of Lim	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		RICHARD T. WEBSTER		
			Name of Person	
			Firm/Company	
		180 E. WENTWORTH ST		
			Address	
		ENGLEWOOD, FL 34223		
		RTWDRONEPILOT@GM.	City/State and Zip Code AHL.COM	
		E-mail address: (	to be used for future annual report n	otification)
For furth	er information o	concerning this matter, please ca	all:	
RICHAI	RD T. WEBSTE	ER	417 860-6111 at ( )	
	Name c	of Person	Area Code Dayı	time Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 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 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

MAYDAY DRONE MEDAIA, LLC

( <u>Name of the Limited Liab</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L24000273277</u>		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
MAYDAY DRONE MEDIA, LLC		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	•	<u> </u>
(Principal office address MUST BE A STREET ADI		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register		ne of the new regist
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		20
	Enter Florida street address	12 Ji
	, Florida	Zip Cate
Non-Bosistand Assact Standard Make St. B. Se	City	Zip Code
New Registered Agent's Signature, if changing Registe	erea Agent:	<u> </u>

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ocument's effective date on the Department o	of State's records.		
record specifies a delayed effective date, but r is filed.	not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90	Ith day after the
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Typed or printed name of signee