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## **COVER LETTER**

SUBJECT:  Counter Drone Service, LLC  Name of Limited Liability Company	
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:	
Mark G. Turner, Esq.	
Name of Person	
Straughn & Turner, P.A.	
Firm/Company	
255 Magnolia Avenue, SW	
Address	
Winter Haven, Florida 33880	
City/State and Zip Code	
counter.charles@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mark G. Turner / Jennifer Thomas 863 293-1184	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	tus &
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

ARTICLES OF ORGANIZATION OF  Counter Drone Service, 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 October 7, 2024 and assigned lorida document number L24000422734  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Counter Drone Services, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Center new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Center new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new register gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  City Zip Code  New Registered Agent's Signature, if changing Registered Agent:	ARTICLES	of Amendmen i To	
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New Registered Agent's Signature, if changing Registered Agent:		City	
	Name Designational Assessing Signatures of changing Designational Ass	•	·
	provisions of all statutes relative to the proper and comp 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

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>	Address	Type of Action
			□Add
			🗋 Remove
			Change
		<u></u>	□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if i	necessary.)
	<del></del>
	<u>-</u> -
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days   Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (3)( , this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o ecord is filed.	f: (b) The 90th day after the
Dated 11/18/2024	
Signature of a member or authorized representative of a member	<u> </u>
Signature of a member or authorized representative of a member	
Mark G. Turner, Esq.	
Typed or printed name of signee	