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2024 NOV -5 AH II: 34 SECT AH ASSEE, FL

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: RTT Drone	es LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	D 15:		
	Bernardo Faincaig		
		Name of Person	
	Evandra US LLC		
		Firm/Company	<del></del>
	520 NW 165 Street Rd., Si	uite 101, Miami	
		Address	
	Miami, FL33169		
		City/State and Zip Code	<del></del>
	bernardo@evandraus.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Bernardo Faincaig		at (786 ) 953 2958	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
<b>■ \$25.00</b> Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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 81027
Tallahassee, FL 32303

2024 KOV -5 NM II: 34

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RTT DRONES 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 10/17/2024 \_ and assigned Florida document number 1.24000443448 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 \_. Florida \_\_\_

## 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.

City

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
MGR	Tales Iuri Weirich Santos	16520 Windsor Cay Blvd #305,	_ <b>■</b> Add
		Clermont, FL 34714	□Remove
			□Change
MGR	Weirich Santos, Santos	520 NW 165th Street Rd., Suite 101	□Add
		Miami, FL 33169	= Remove
		<del></del>	□Add
			□Remove
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in effective date is listed, the date mu:	st be specific and cannot be prior to date of filing or more than 90 d. lock does not meet the applicable statutory filing requireme	_ <b>(optional)</b> lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
ecord specifies a delayed effectivis filed.	ve date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
		2024 SEC
ated 31 October	2024	2024 NOV -5 SECILLIANT
	Toling of	5
<del></del>	Signature of a member or authorized representative of a member	
Bernardo Faincaig		AHII: 34 OF STATE SEE, FL
remaido ranicaig	Typed or printed name of signee	<u> </u>

Filing Fee: \$25.00