

L25000007905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

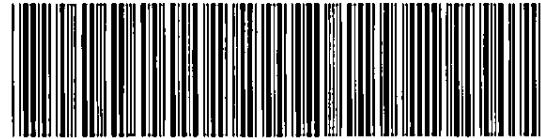
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800442188348

01/14/25--01016--010 \*\*25.00

2025 JAN 14 11:06:57

FEB 19

S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAD DRONES LLC  
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:

SARAH MARTELLO

Name of Person

Florida Legal Counsel LLC

Firm/Company

600 1st Ave. N. Ste. 204

Address

St. Petersburg, FL 33701

City/State and Zip Code

sarah@floridalegalcounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Martello at 352 665-1756  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>           | <u>Type of Action</u>                      |
|--------------|---------------------------------|--------------------------|--|
| MGR          | Transparency Wise Technology LL | 600 1st Ave N. Ste 204   | <input type="checkbox"/> Add               |
|              |                                 | St. Petersburg, FL 33701 | <input checked="" type="checkbox"/> Remove |
|              |                                 |                          | <input type="checkbox"/> Change            |
| AMBR         | Aviation Software Solutions LLC | 31740 NE-10              | <input checked="" type="checkbox"/> Add    |
|              |                                 | Pleasanton, NE 68866     | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |
| MGR          | Russell Hedrick                 | 1750 33rd St NE          | <input checked="" type="checkbox"/> Add    |
|              |                                 | Hickory, NE 28601        | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |
|              |                                 |                          | <input type="checkbox"/> Add               |
|              |                                 |                          | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |
|              |                                 |                          | <input type="checkbox"/> Add               |
|              |                                 |                          | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |
|              |                                 |                          | <input type="checkbox"/> Add               |
|              |                                 |                          | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January, 8, 2025

Sarah Martello

Signature of a member or authorized representative of a member

**Sarah Martello**

Typed or printed name of signee

2025 Jan 14 11:06:57

**Filing Fee: \$25.00**