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COVER LETTER

Division of Cor				
	IR DEFENSE, LLC.			
SUBJECT:	Name of Limi	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:		
	Joseph Rosselet			
	Ocean Air Defense, LLC	Name of Person		
	2724 S. Park Road, Pembro	Firm/Company oke		# 100 15
	Pembroke Park, FL 33009	Address		D P
	joer@oceanair.aero	City/State and Zip Code to be used for future annual report notifi		
For further information c	n-mail address: (concerning this matter, please co		Catton)	
Myron Siegel		954 703-1619		
Name o	of Person	at ()	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Fifing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	ING ADDRESS: ration Section	STREET/COURI Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F4, 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN AIR DEFENSE, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.16000001036}{1.16000001036}$	ompany were filed on 12/31/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ं ज
		
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	× 10	7.14. C 1744

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TATIANA VAZQUEZ	2724 S. Park Road Pembroke Park, Fl. 33009	Add
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	10/10/20	018		, ·		
ective date, if other than the da effective date is listed, the date must be	ite of filing:	rior to duto of t	iling or more than 90	(optional)	Pursuant to	605 020
te: If the date inserted in this block	c does not meet the ap	plicable statut	ory filing requirem	ents, this date w	ill not be	listed a
ument's effective date on the Depa	irtment of State's reco	rus.				
record specifies a delayed e	effective date but	not an effe	ective time lati	12:01 a.m. o	n the ea	arlier d
he 90th day after the recor	d is filed.		, (, , , , , , , , , , , , , , , , , ,			
October 10	2018	\rightarrow	10			
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	gnature Ta member or a		sentative of a member			-

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Filing Fee: \$25.00