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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPERATIONS

## **COVER LETTER**

TO: Registration Se Division of Cor			ŧ
SUBJECT: DEFEN	ISE SYSTEMS & SE (Name of Lim	ERVICES, 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:	
	Mr. Keith Sparks / Mr. Ja		
		(Name of Person)	
	Defense Systems & Serv	rices, LLC	
		(Firm/Company)	······································
	3819 Murrell Road, Suite		
	•	(Address)	· ·
	Rockledge, FL 32955		
		(City/State and Zip Code)	
For further information c	concerning this matter, please co	all:	
Mr. Keith Sparks / Mr.		at ( 321 ) 636-8561	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
☑ \$25.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Defense Systems and Services, 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 29 July 2004 and assigned Florida document number L 04000056499 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with 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: N/A Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jean-Paul O'Brien	3819 Murrell Road, Suite E, Rockledge, FL 32955	Add Remove
MGRM_	Keith Sparks	3819 Murrell Road, Suite E Rockledge, FL 32955	Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
		•	
Dated 19 De	ecember	2008	_
Dated 10 De	danda	member of authorized representative of a member	
	Jean-Paul O'Brie		
		Typed or printed name of signee	<u> </u>

Page 2 of 2

**Filing Fee: \$25.00**