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SECRETARY OF STATE

COVER LETTER

TO:

TO: Registratio	n Section Corporations		
SUBJECT:	Bulova Technologie	es Ordnance System	s LLC
,		ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
		Stephen L. Gurba	
		Name of Person	•
	Bulova Tech	nologies Ordnance Syst	ems LLC
	1	25 SE Swisher Road	
		Mayo, FL 32066	•
		City/State and Zip Code	
	E-mail address: (sigurba@bt-mfg.com to be used for future annual report	notification)
For further informati	on concerning this matter, please of		
	itephen L. Gurba	at (_727_)	536-6666
Nai	me of Person	Area Code & Da	ytime Telephone Number
Enclosed is a check f	or the following amount:	•	i ·
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	Registration So Division of Co Clifton Buildin	orporations org e Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)	 -
The Articles of Organization for this Limited Liability Company Florida document numberL0500082649	were filed on	08/22/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	125 SE Swis	her Road	
(Principal office address MUST BE A STREET ADDRESS)	Mayo, FL 320	066	
		,	
Enter new mailing address, if applicable:	125 SE Swis	her Road	
(Mailing address MAY BE A POST OFFICE BOX)	Mayo, FL 320	066	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new
New Registered Office Address:		i	SEC SEC
THE TESTINE CONTRACTOR OF THE TESTINE CONTRA	Еп	ter Florida street addı , Florida	RETARE TARE
	City	·	m Zip Code
New Registered Agent's Signature, if changing Registered Agent:		:	SIN D
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	olete performance provided for in C	of my duties, and I a hapter 608, F.S. Or,	m familiar with and if this document is

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:

<u>Title</u>	***	4.3.1	T C A .42
	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add Remove
			Remove
	•		T Damaya
			Remove
		-	
D. If amer	nding any other information		Remove
 D. If amer	nding any other information		Remove
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D. If amei	nding any other information		Remove
-		on, enter change(s) here: (Attach additional si	Remove
 	June 24		Remove
D. If amer	June 24	on, enter change(s) here: (Attach additional si	neets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00