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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of Corporations							
SUBJECT: DUCATUS SECURITY AND TACTICAL ADVISORY, 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:							
Trson C. Lewis							
TYSON C. LEWIS (Name of Person)							
DICATUS SECURITY AND TACTICAL ADVISORY, LLC (Firm/Company)							
150 SE 2ND AVENUE, SUITE 901							
(Address)							
MIAMI, FL 33131							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
TYSON C. LEWIS at (305) 979 - 9707							
(Name of Person) at (305) 979 - 9767 (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:

TO:

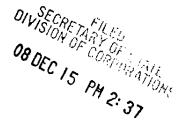
Registration Section

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



01	''' , . "''
Name of the Limited Liability Compan (A Florida Limited Liability Compan)	CTICAL ADVISORY, LLC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on $10/17/2006$ and assigned
Florida document number L06000100901	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
DUCATUS ADVISORY	
The new name must be distinguishable and end with the words "Limite"L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	150 SE 2ND AVENUE, SUITE 901
	MIAMI, FL 33131
Enter new mailing address, if applicable:	1510 BAY RD. # 702 MIAMI BEAUL, FL 33139
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEAUL, FL 33139
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	150 SE 2ND AVENUE, SUITE 901 (Enter Florida street address)
	MIAMI , Florida 33131 (City) (Zip Code)

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

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>		Address		Type of Action	
		-			Add Remove	
					Add Remove	
-					Add Remove	
					Add Remove	
- ,	•				Add Remove	
					Add Remove	
D. If ame	nding any other inform	ation, enter change(s)	here: (Attach additional sheets,	if necessary.)		
Dated \\	DEC 2008	-, -	 - 1			
	Si	TYSO	authorized representative of a member N. C. LEWIS printed name of signee	er		

Page 2 of 2

Filing Fee: \$25.00