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COVER LETTER

TO: Registration Solution of Con			
SUBJECT: Gladius	Holdings, LLC		
•		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sergio DeCesare		
		(Name of Person)	
	Gladius Holdings, LLC		-
	<u> </u>	(Firm/Company)	2008 SEC
	3626 Tamiami Trail		FILED 2009 MAY 19 P 4 SECRETARY OF ST LLAHASSEE, F40
		(Address)	I 9 SSEE
	Port Charlotte, FL 33952		
		(City/State and Zip Code)	4: 31
For further information of	concerning this matter, please c	all:	N 1
Sergio DeCesare		at (888) 800-9927 Extens	sion 103
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gladius Holdings, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	oility Company were filed on 11-13-2007	and assigned
Florida document number 1.07000114171	·G	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
		To the state of th
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	
Enter new principal offices address, if applicab	ole:	MAY HASS
(Principal office address MUST BE A STREET	ADDRESS)	m
		D C C C C C C C C C C C C C C C C C C C
		TATE 3
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
THE REGISTERS OF THE AUTHORS.	(Enter Flor	ida street address)
		, Florida
	(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 Changing Registered Agent, Signature of New Registered Agent)

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JERRY OVERMYER	3626 TAMIAMI TRAIL PORT CHARLOTTE FL, 33952	
MGRM_	THOMAS WELCHMAN	3626 TAMIAMI TRAIL PORT CHARLOTTE FL, 33952	Add Remove
			Add Remove
			ARE MA ARE REmove
			Remove
D. 16			Add Remove
D. If amend	ing any other information, ente	er change(s) here: (Attach additional .	sneets, ij necessary.)
Dated MAY 1	5	2008	
Dated <u>wave y</u>		member or authorized representative of	a member
	Sergio DeCesa		

Page 2 of 2

Filing Fee: \$25.00