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COVER LETTER

TO: Registration So Division of Co				•	
SUBJECT: M	erican D	e fense	Scrvice	S INTERNATI	ONAL
	(Name of Li	mited Liability Con	ipany)		
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.			
Please return all correspo	ondence concerning this matte	er to the following:			
	Michae	Name of Pers	GRUB son)	er_	
	Amenican De	fenc Se. (Firm/Compa	evices Ia	TERNATIONAL	260
	7431 N.	W. <u>H2</u> (Address)	up STRE	2e7	
	FT. LAUDE				
	concerning this matter, please		,	~ -	
Michael A (Name	of Person)	at <u>95</u> -	70/- urea Code & Daytime	Colon 19 Telephone Number)	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filin Certified ((additiona	•	□\$60.00 Filing Fee, Certificate of State Certified Copy	ıs &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

American Defense Scevices TNTEENATIONA LL (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 20800	ability Company were filed on <u>Se</u>	2p 7 9 2008 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	4
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(E	nter Florida 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 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 MGR Michael A.GRUBGA RANGER, Michael 7431 N.W. 4240 STACET X Add - CHANGE FT. LAUDONDALE, FL. 333 9 1 Remove 743/ NW 42 MA STREET Add
FT. LAUNCA DALC, FL, 33319 Remove Remove ☐ Add ☐ Remove 🗖 Add ☐ Remove **⊤** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member GRUBER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00