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(Requ	estor's Name))
(Addre	ess)	
(Addre	ess)	<u></u>
(City/s	State/Zip/Phor	ne #)
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(Docu	ment Number)
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COVER LETTER

SURJECT: DPCX	Naples LLC	-	
.,	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Anthor	ny Disarro	
		Name of Person	
	OPEX	Naples LLC	
		Firm/Company	
	3110 58m	51 SW	
		Address	
	Naples	F1 34116 City/State and Zip Code Cna ples. com to be used for future annual report notific	
		City/State and Zip Code	·
	Alison@opex	naples.com	
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Auson I	DiSarro	at (<u>339</u>) 776 · 0	525
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
,	_	Cless on Paris Paris	D \$60.00 Eiling Upa
\$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:

Maria Karaja

TO:

Registration Section Division of Corporations

> 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**

OPEX Naples LLC	2	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	were filed on/0/	108 and assigned
Florida document number <u>L 08000098403</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
Para Bellum Training The new name must be distinguishable and contain the words "Limited Liabil	LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "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 of registered agent and/or the new registered office address her	ffice address on our e:	records, enter the name of the n
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida Zip Code
	Cüy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capa performance of my a	city. I further agree to comply with t luties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
			Change
		☐ Remove	
			☐ Change
		□ Remove	
		☐ Change	
		Change	
		□ Remove	
			Change.

II alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
the re) Th	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: e 90th day after the record is filed.
Dated	1/12 . 2019
	Signal of a support of a search of a searc
	Signature of a member or authorized representative of a member
	Anthony Di Sarro Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00