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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Conklin and Hedrick Investigations, 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:
Jerome A. Stone Jr Name of Person
Stone & Capobianco Firm/Company
219 SE Ocean Blud Address
Stuart FL 34994 City/State and Zip Code Tas@ Stone lawfl. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jerone A. Stone Jr Name of Person at (772) 781-4357 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta
MAILING ADDRESS: 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

Conklin and Hedrick Investigations LLC (Name of the Limited Liability Company as it now appears on our records.)

A)	rionda Limited Li	aomity Company)	_		
The Articles of Organization for this Limited Liab	oility Company v	vere filed on OS	16/20	and ass	signed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the Prefense Investige	itions,	LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liabilii	y Company," the designat	ion "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		Port St. L	s Pace voie Fl	Dr. _ 3490	84
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>	2876 SE Port St. L	Pace Ducie FL	r 3498	Ц
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here	:	Ä	201 SE	of the new
Name of New Registered Agent:	5404	e & Capo SE.Ocean	pidnca	歌季.	<u> </u>
New Registered Office Address:	2199	SE Ocean Enter Florida str		<u> </u>	100
	Stuar	4	Florida	34994	Ö
		City		Zip Gode	· · ·
New Registered Agent's Signature, if changing Re	gistered Agent:		Ĭ	בי "ל	
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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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Michael K Conklin	4671 SW Alph St	Add
		Port St. Lucie FL 34953	Remove
			Change
MGRM	Billy K Vick	1599 SE Clearmont St	A dd
		Port St. Lucie FL 3498	3 □ Remove
			Change
MGRM	Jerome A. Stone Jr.	219 SE Ocean Blud	b Add
		Stuart, FL 34994	Remove
			Change
			Add
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