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(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



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EXAMINER

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EXAMINER

COVER LETTER

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Registration Section Division of Corporations

TO:

SUBJECT: The Contract Defense Group 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:						
	Craig S	Name of Person	DIVERSE CO			
		Firm/Company				
	108 Pobin	Rd. Suite 20	12 HB 12 MB 14			
	Altamonte Sp	XIVYS FL 327	21 -			
Craigsone Coearth ink. net British address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Craig S	SONNEC of Person	at (407) 310-91 Area Code & Daytime 7	Colephone 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)			

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



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number 1200005208.	7 11 0010			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	230 Lookout Place			
(Principal office address MUST BE A STREET ADDRESS)	Suite 220 Naithand, FL 32751			
Enter new mailing address, if applicable:	230 / moral Place			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 220			
	Haitland, FL 32751			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent:				
New Registered Office Address:				
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			Add Remove
			Add Remove
 -			Add Remove
<u></u>			AddRemove
			Add
D. If am	ending any other information	, enter change(s) here: (Attach additional	sheets, if necessary.)
-			
-	3/9/10	,	
Dated	Signatur	e of a member or authorized representative of	a member
	BOLAND E		

Page 2 of 2

Filing Fee: \$25.00