## U200018C52

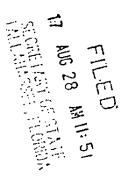
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	IAL AVIATION SECURITY S	ERVICES, LLC.	
SUBJECT:	Name of Limi	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	IAN ILLYCH MARTINEZ	. ESQ.	
		Name of Person	
	BELLO & MARTINEZ, PI		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2850 DOUGLAS ROAD S	JITE 303	
		Address	
	CORAL GABLES FL 3313	4	
		City/State and Zip Code	
	imartinez@bmrlawgroup.co  E-mail address: (t	n  be used for future annual report notifical	tion)
For further information c	oncerning this matter, please ca		<u> </u>
IAN ILLYCH MARTIN	EZ	305 305-4427970 at ()	1602
Name o	f Person	Area Code Daytime To	elephone Number 28 E
Enclosed is a check for the	he following amount:		72 <b>#</b>
■ \$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)
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA SPECIAL AVIATION SECURITY SERVICES, LLC. (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 were filed on 02/06/2012 and assigned Florida document number L12000018052 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAXIMUS GLOBAL SERVICES, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A

## 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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A 	
			Remove
			□ Remove
			Change
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			Change
			28 Change
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			Add
			☐ Remove
			Change

Flective date, if other than the date of filing:    09/01/2017	NA						
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Filing Fee: \$25.00