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COVER LETTER

TO:

Registration Section
Division of Corporations

Subject: Armament and Logistics International, 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:

Carl Martin

Name of Person

Armament and Logistics International, LLC

Firm/Company

8530 SW 124th Ave Ste. 103-140

Address

Miami, FI 33183

City/State and Zip Code

carl@armsgistics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl Martin or Stephanie Esper at

,786**、877-885**5

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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| Hrmament and Logistics (Name of the Limited Liability Compan (A Florida Limited Li | S International LLC. & AFRICANT AND |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L.12.000108180</u> . | were filed on and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| X-International, LLC The new name must be distinguishable and end with the words "Limit" L.L.C." | ted Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 8530 sw 124th are Site 103-140 Miami, PC 33183 |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | 8530 sw 124th are Lite 103-140 Miami FC 33183 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | |
| New Registered Office Address: 85308W | 124th ave Suite 103-140 Enter Florida street address |
| Miam | |
| New Registered Agent's Signature, if changing Registered Agent: | · · |

l 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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> | Name | Address | Type of Action |
|--------------|-----------------|---------------------------------------|--------------------|
| MGRM | Stephanie Esper | 14029 SW 84st | Add |
| | | Miami, FL 33183 | Remove |
| | | | Add |
| | | | Remove |
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| nation, enter change(s) here: (Attach additional sheets, if necessar | y.) |
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| | |
| | |
| Signature of a member or authorized representative of a member | |
| F. MARTIN | |
| | ignature of a member or authorized representative of a member |

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA