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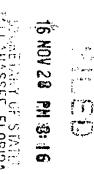
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COVER LETTER

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SUBJECT:	MGW Ente	rprises, LLC		
SOBOLO II		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sarah Grieb		
			Name of Person	
		Roetzel & Andress		
			Firm/Company	
		850 Park Shore Drive, 3rd	Floor	
			Address	
		Naples, Florida 34103		
			City/State and Zip Code	
		sgrieb@ralaw.com		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Sarah Grieb			239 649-6200 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
₩ \$25.00 F	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

MGW Enterprises, LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	-
The Articles of Organization for this Limited L Florida document number L13000052962 This amendment is submitted to amend the fol		y were filed on 04/10/2013	and assigned .
	is submitted to amend the following: mame, enter the new name of the limited liability company here: dustry, LLC be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ipal offices address, if applicable: address MUST BE A STREET ADDRESS) N/A N/A		
Maxim Defense Industry, LLC			
	words "Limited Lial	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	·
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: BOX)	N/A	
			Merch Transport
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:		CT Corporation System	
New Registered Office Address:	1200 South P	ine Island Road	
		Enter Florida street address	D _N 6
	Plantation	, Flor	ida <u>33324</u>
•		City	Zip Code

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.

Changing Registered Spent, Signature of New Registered Agent

Page 1 of 3

James M. Halpin Assistant Secretary 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>	Name	Address	Type of Action
MGR	Michael Gene Windfeldt	3200 Roosevelt Road, Suite 110	Add
		St. Cloud, MN 56301	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
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ective date, if other the neffective date is listed, the term of the date inserted in the cument's effective date of the date	n this block does n	ot meet the appl	icable statutory fi	r more than 90 days after ling requirements, th	is date Will not i	605.02 be listed a
record specifies a d			ot an effectiv	e time, at 12:01	a.m. on the	earlier
he 90th day after th	ne recora is file	2a.				
November 21 ed		2016				
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	(X-V (V)		horized representa			

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