## 113000052962

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(Cit	ry/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration S Division of Co			
Maxim De	fense Industry, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Sarah Grieb		
		Name of Person	
	Roetzel & Andress		
		Firm/Company	<del></del>
	850 Park Shore Drive, 3rd	Floor	
		Address	
	Naples, Florida 34103		
		City/State and Zip Code	
	sgrieb@ralaw.com		
For further information o	E-mail address: (	to be used for future annual report notif	ication)
Sarah Grieb		239 649-6200 at ()	
Name of Person			Telephone 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
MAH	INC ADDDESS.	STREET/COURT	ED ADDDESS.

MAILING ADDRESS:

TO:

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**

Maxim Defense Industry, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our r ed Liability Company)	records,)
The Articles of Organization for this Limited Liability Compa	any were filed on04/10/2013	and assigned
Florida document number L13000052962		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Maxim Defense Industries, LLC		
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS		<u> </u>
		DEC -1 PM : 32
		9 1
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the new registered of the second of the new registered of the ne		(B
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street d	address
		_, Florida
	City	Zip Code

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>	Address	Type of Action
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block	e specific and ca c does not med	et the applica	to date of filing able statutory f	or more than 90 d	_ (optional lays after filing ents, this date	) g.) Pursuant to 60: e will not be list	5.020° ted as
ocument's effective date on the Depa	rtment of Stat	te's records.					
e record specifies a delayed e		te, but no	t an effectiv	e time, at 1	2:01 a.m.	on the earli	er o
The 90th day after the record		2016					
November 30th	,	2016	•				
November 30th		2010					

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Filing Fee: \$25.00