13000052962

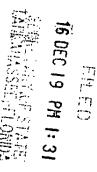
(R	equestor's Name)
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PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	ocument Number)
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COVER LETTER

Div	ision of Corp	orations	· ~	•		
SUBJECT:	Maxim Defe	nse Industries, LLC				
SUBJECT		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing			
			-			
Please return	all correspon	dence concerning this matter	to the following:			
		Sarah Grieb				
	Name of Person					
Roetzel & Andress, L.P.A.						
Firm/Company						
	850 Park Shore Drive, 3rd Floor					
Address						
		Naples, Florida 34103				
City/State and Zip						
	•	sgrieb@ralaw.com				
		E-mail address: (to be used for future annual rep	ort notification)		
For further in	iformation co	ncerning this matter, please ca	all:			
Sarah Grieb			239 649-6 at ()			
	Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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 Industries, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	n <mark>v as it now appears on our re</mark> Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company lorida document number L13000052962	were filed on 4/10/2013	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	3900 Roosevelt Rd.	
Principal office address MUST BE A STREET ADDRESS)	Suite 100	
	St. Cloud, MN 56301	
nter new mailing address, if applicable:	N/A	16 0
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or registered or egistered agent and/or the new registered office address her		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	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.

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
MGR	Micheal Gene Windfeldt	3900 Roosevelt Rd., Suite 110	Add
		St. Cloud, MN 56301	□ Remove
			Add
		 	□ Remove
			□ Change
			Remove
			□ Add
		·	□ Remove
			Change
			□ Remove
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Affective date, if other than the date of fif an effective date is listed, the date must be specific Note: If the date inserted in this block does not locument's effective date on the Department	c and cannot be prior to not meet the applical	o date of filing or n	(opt nore than 90 days after ng requirements, th	ional) er filing.) Purst is date will n	uant to 6	505.020° isted as
e record specifies a delayed effectiv The 90th day after the record is file		an effective	time, at 12:01	a.m. on th	ie eai	rlier o
December 14	2016	<u></u>				
Sunalala						

Page 3 of 3

Filing Fee: \$25.00