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## **COVER LETTER**

	sistration Servision of Cor					
SUBJECT:	AppNinjas,	AppNinjas, LLC  Name of Limited Liability Company				
soloner.						
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Domenic Ferrante				
			Name of Person			
		AppNinjas, LLC				
		<del></del>	Firm/Company	<del></del>		
		25 S. K Street				
			Address			
		Lake Worth FL 33460				
			City/State and Zip Code			
		domenic@getcyberdefense.		<del></del>		
For further in	nformation co	nncerning this matter, please ca	to be used for future annual report notifi all:	cation)		
Domenic Fe	errante		561 444-7774 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	e following amount:				
<b>■ \$</b> 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

F	ILED
2017 NOV.	- C [] -9 AMII: 22
SECRETAN	AMII: 22
JENHASS!	EE ESTATI

AppNinjas, LLC (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_L14000071490 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cyber Defense Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida <u>\_\_</u>

## 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.

City

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 = M AMBR = A	lanager Authorized Member	FILED	
<u>Title</u>	<u>Name</u>	Address SECRETARY	Type of Action
		Address  SECRETARY OF STATE TALLAHASSEE, FLORIDA	Add
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	FILE
	2017 NOV -9 AM 11: 22  SECRETARY OF STATE TALLAHASSEE, FLORIDA
	SECONDY 9 AMIL: 20
	TALLAHASSES OF STATE
	JOEE, FLORIDA
Effective date if other than the date of filings	(antional)
(If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's re-	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (applicable statutory filing requirements, this date will not be listed as the cords.
the record specifies a delayed effective date, bu ) The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
Dated November 1 2017	
	<del></del> j

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00