3/29/23, 1 21 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIOLET DEFENSE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIOLET DEFENSE LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000091094</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:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C."		
Enter new principal offices address, if applicable:	OURNE, FL 32934			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	751 NORTH DRIVE SUITE 12, MELBOURNE, FL 32934			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	2023		
Name of New Registered Agent:		7 R 2		
New Registered Office Address:	Enter Florida street address	29 AH		
	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•	29		

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.

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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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VIOLET DEFENSE GROUP, INC.	751 NORTH DRIVE SUITE 12	DAdd
		MELBOURNE, FL 32934	□Remove
			■Change
			□Add
		·	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		□ Remove	
			Change
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		<u>.</u>	Change

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Effective date, if other than the offective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the appli	icable statutory filing r	equirements, this date	) Pursuant to 605,0207 ( will not be listed as th
e record specifies a delayed effective rd is filed.	; date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
Dated MARCH 29	2023	·		
101				
	AVI WEISS	· · · · · · · · · · · · · · · · · · ·		
	AVI WEISS Signature of a member or aut	horized representative of	я member	· · · · · · · · · · · · · · · · · · ·