L16000049081

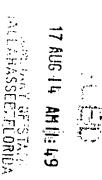
(R	equestor's Name)	<u> </u>
(A	ddress)	
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(C	City/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(E	Business Entity Name	e)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

ONDEFEN	ND, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-		
	Michael B. Bittner		
		Name of Person	20 (Mark Apr 10 (Mark Apr.
	Marks Gray, P.A.		
		Firm/Company	
	P.O. Box 447		
		Address	
	Jacksonville, FL 32201		
		City/State and Zip Code	
	mbittner@marksgray.com E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Christopher L. Freedma	n	904 219-1126 at ()	
Name (of Person	Area Code Daytime	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)
Regist Divisi	LING ADDRESS: ration Section on of Corporations Box 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	ı

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONDEFEND, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11/14/16	and assigned
Florida document number L16000049081		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
OnDefend Services, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
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)		
		<u> </u>
B. If amending the registered agent and/or registered	office address on our records, ente	r the name of the new
registered agent and/or the new registered office address he	re:	
		SS
Name of New Registered Agent:		m. T
		70.
New Registered Office Address:	Enter Florida street address	
		10 ,4
 	, Florida _	Zip Code
	Cuò	Lip 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		New Total	□ Remove
			Change
			Add
	,		_ □ Remove
			Change
			Add
			☐ Remove
			Change AAA COR
			Shange
			∩ Add
		40-1-0450A-00-7	Remove
		Action to the second se	☐ Change
			□ Add
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			Change

		
		
		
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuar ory filing requirements, this date will not	nt to 605.020 be listed as
	ctive time, at 12:01 a.m. on the	earlier o
ne record specifies a delayed effective date, but not an effec The 90th day after the record is filed.		
The 90th day after the record is filed.		

D.

Page 3 of 3

Filing Fee: \$25.00