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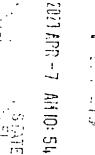
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COVER LETTER

Division of Co			
	OLF DEFENSE, LLC		
30bat.e1.	Name of Lin	nited Liability Company	
Please return all correspondence	ondence concerning this matter	to the following:	
	CHRISTIAN WANLISS		
		Name of Person	
		Firm/Company	
Name of Person			
		Address	
	Windermere, FL 34786		
	christian.wanliss@gmail.co	· · · · · · · · · · · · · · · · · · ·	. 2
	E-mail address: (to be used for future annual report notification)	023
For further information of	concerning this matter, please c	all:	AP TE
Christian Wanliss			-7
Name o	of Person	Area Code Daytime Telepho	one Number
Enclosed is a check for the	he following amount:		, E +
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREY WOLF DEFENSE, LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number <u>L16000055424</u>	Company were filed on <u>03/18/2016</u>	and	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Litr	nited Liability Company," the designation "LLC" or	the abbreviation	"L.L.C."	_
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)		20	
		:	 >>-	CS; TC
			25	1
Enter new mailing address, if applicable:			-7	e *= ,
(Mailing address MAY BE A POST OFFICE BOX)		:	A:	
maming duares, MAT BE AT OST OFFICE BOX)				ارست المراجعة
	·	<u> </u>	<u> </u>	—
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the	new regis	stered
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florid			
	Cîty	Zip Co	de	

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	Kyle Thompson	6526 Old Brick Rd., Ste. 120, #223	□Add
		Windermere, FL 34786	■Remove
			□Change
		 	□Add
			□Remove
			□Change
		<u> </u>	Change Change Remove
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f an effect <u>Note:</u> If	date, if other than the date of filing: O4/03/2023 (option we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fitthe date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records.	iling.) Pursua	nt to 605.020 t be listed a
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th o	day after the
	/02/2022		L-3
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o- ated		12.7	دے
ated	CHRISTIAN WANLISS		2023 APR
Pated			3 APN -7

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