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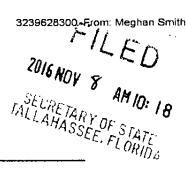
## **COVER LETTER**

TO:		tion Secti of Corpo			
CUBIC			SECURITY OF JACKSO	ONVILLE, LLC	·
SUBJE	CI:		Name of Limit	ed Liability Company	<del></del>
The end	closed Arti	icles of An	nendment and fee(s) are subn	nitted for filing.	
Please r	return all c	orrespond	ence concerning this matter t	o the following:	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com, inc.		
				Firm/Company	······································
			101 N. Brand Blvd., 11th	Floor	
				Address	
			Glendale, CA 91203		
				City/State and Zip Code	
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Enclose	ed is a che	ck for the	following amount:		
□ \$25	5.00 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)

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 $\mathbf{OF}$



PROSHRED SECURITY OF JACKSONVILLE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/16/2016}{1}$ \_\_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: alb (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 \_\_

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OLE BO A BREDBERG	5440 PINEBARK LANE	
	·	WESLEY CHAPEL, FL 33543	<b>☑</b> Remove
AMBR	Rockeliffe Capital USA, LLC	5440 PINEBARK LANE	<b>☑</b> Add
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SECRETARY OF STATE FALLAHASSEE, FLORIDA