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16 OCT -7 AM 9: 38 DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Sec Division of Corp			
CUBIC	National Sec	-		
SUBJE	CT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Holiday Russell, Esq.		
		***	Name of Person	
		Holiday Russell, P.A.		
			Firm/Company	
		2699 Stirling Road Suite A	-105	
			Address	
		Ft. Lauderdale, FL 33312	·	
		 	City/State and Zip Code	
		hhrussell@holidayrussell.co		
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information co	oncerning this matter, please ca	all:	
Holida	y Russell, Esq.		954 920-5153 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
\$2:	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 OF

National Security LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L160000134717	npany were filed on 7/18/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>
		<u> </u>
		~ 그
Enter new mailing address, if applicable:		00T -7 AM 9: 38
(Mailing address MAY BE A POST OFFICE BOX)		
		9: 3
	-	- CG
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Flori	
	City	Zip 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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgr	Mickey Blum	4001 Hillcrest Dr. Apt 702	
		Hollywood, FL 33021	Remove
Mgr	Marisa Blum	4001 Hillcrest Dr. Apt 702	
		Hollywood, FL 33021	Remove
			☐ Change
Mgr	Reginald Graham	2992 NW 171 Street	Add
		Miami Gardens, FL 33056	Remove
			☐ Change
Mgr	Kim Renee Graham	2992 NW 171 Street	Add
		Miami Gardens, FL 33056	□ Remove
			16aaCT - L
			
			Remove □
			Remove Change
			□ Add
			□ Remove
			□ Change

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fan effec Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 0 th day after the record is filed.
The 9	10/4 , 2016 .
The 9	7014, 2016. Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00