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Sarah Grieb	21.1				
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	sgrieb@ralaw.com	,			
		City/State and Zip Code			
	Naples, Florida 34103				
Address					
	850 Park Shore Drive - Third Floor				
Firm Company					
	Roetzel & Andress, LPA				
		Name of Person			
	Sarah Grieb				
e icase resum an cor-	respondence concerning this matte	t to the following			
	es of Amendment and fee(s) are su				
The analoged Areal	or of Springhouse - 1 Co. C.	L 41. 20			
	Name of La	mited Liability Company			
Maxim Defense Technologies, LLC SUBJECT:					
	** *				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREE PROOURIER ADDRI Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Maxim Detense Technologies, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lamited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/30/2016 Florida document number 1.16000217281 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 1265 Kuhn Drive Enter new principal offices address, if applicable: Sinte 100 (Principal office address MUST BE A STREET ADDRESS) St. Cloud, MN 56301 1265 Kuhn Drive Enter new mailing address, if applicable: Suite 100 (Mailing address MAY BE A POST OFFICE BOX) St. Cloud, MN 56301 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

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	Michael Windfeldt	1265 Kuhn Drive	
		Suite 100	□ Remove
		St. Cloud, MN 56301	D Keliane
		31. Cloud, 51.8 30.501	☐ Change
			Add
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