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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			•
CE IN T		URCE, LLC		
SUBJI	ECT:	Name o Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MOLLY SLADE		
			Name of Person	
		NITRO SOURCE, LLC		
			Firm/Company	
		501 E KENNEDY BLVD,	SUITE 910	
			Address	
		TAMPA, FL 33602		
			City/State and Zip Code	
			MOLLY @CONTACT to be used for future annual report no	
For fur	ther information c	e-mail addr ; s: (·	tilication)
	CORCORAN		813 223-4677	
		cn	at ()	T 1 b N 1
	Name of	r Person .	Area Code Daytii	me Telephone Number
Enclos	ed is a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NITRO SOURCE, LLC		
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number L17000103965	oility Company were filed on MAY 10,2	2017 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
NitroDefender, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or the new registered office	registered office address on our r	SECRETARY OF AMERICAN SECRETARY OF THE FIGURE THE STATE OF THE STATE O
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida
	•	•

New Registered Agent's Signature, if changing I egistered 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
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