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| (Requestor's Name) | _ |
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| (Address) | |
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| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
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COVER LETTER

TO:

| TO: Registration Section Division of Corpora | | | |
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| SUBJECTS FLAGLE | (TAL DEFE | NSE a Resocution | N LL |
| SUBJECT: // Pri// | Name of Limit | red Liability Company | <u> </u> |
| | | | |
| The enclosed Articles of Ame | indment and fee(s) are subm | nitted for filing. | |
| Please return all corresponder | nce concerning this matter t | o the following: | |
| _ | Lobert | Newsholme. | |
| | , | Name of Person | , . |
| _ | Stagler- | TAX 1) efcuse + KE | SocutionLLC |
| | | 604 E. MOODY BC | UD, UNITY |
| _ | | PO By 1574 | |
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| _ | PO By 1574 Address | | |
| | M1 1 | Pobert Newsholme Name of Person Hagler TAK D efense + Resolution Le 6 Firm/Company 6 04 E. MOODY BLUD, UNITH POBY 1574 Address Burnell, Dl 3>110 City/State and Zip Code Hagler TAK Service & Genale. Com E-mail address: (to be used for future annual report notification) | |
| - | E-mail address: (t | o be used for future annual report noti | fication) |
| For further information conce | | | |
| 1 AD OUT ala | (-1) | 70/ 163- | 11-1 |
| Name of Per | son | at (Nea Code Daytim | e Telephone Number |
| | | | |
| Enclosed is a check for the fo | llowing amount: | | |
| S25.00 Filing Fee | 330.00 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: | STREET/COUR! | ER ADDRESS: |
| Registration | ` | Registration Section Division of Corporation | |
| P.O. Box 6 | | Clifton Building 2661 Executive Ce Tallahassee, FL 32 | enter Circle |
| \ (| | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>217000</u> 105 449 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 "L.L.C." Enter new principal offices address, if applicable: (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 City 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 | *ponk Cut Ruzzoca | BUNNELL, 2832110 | 🗆 Add |
| | | BUNNUL/ 2/32110 | Remove |
| | | | ☐ Change |
| MGR | LINDA NEWSHOLME | POPM 1574 | Add |
| | | BUNNELL, SEBLIO | □ Remove |
| | | BUNNELL SEBULIO | ☑ Change |
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Page 3 of 3

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