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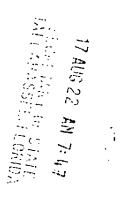
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COVER LETTER

TO:							
cub H		ASSET MANAGEMENT LLC	2				
20 8J I	BASTION ASSET MANAGEMENT LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: FIRAS M. JARRAR Name of Person BASTION ASSET MANAGEMENT LLC Firm/Company 2684 SW WINDSHIP WAY Address STUART, FL. 34997 City/State and Zip Code firas@usliberty.co E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		FIRAS M. JARRAR					
			Name of Person	· · · · · · · · · · · · · · · · · · ·			
BASTION ASSET MANAGEMENT LLC							
		Firm/Company					
		2684 SW WINDSHIP WA	Y				
			Address				
		STUART, FL. 34997					
			City/State and Zip Code				
		•					
		E-mail address: (to be used for future annual report notifi	cation)			
For fur	ther information o	oncerning this matter, please ca	all:				
FIRAS	S M. JARRAR		561 267-6526				
	Name o	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: FIRAS M. JARRAR Name of Person BASTION ASSET MANAGEMENT LLC Firm/Company 2684 SW WINDSHIP WAY Address STUART, FL. 34997 City/State and Zip Code firas@usliberty.co E-mail address: (to be used for future annual report notification) information concerning this matter, please call: JARRAR Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed) Certified Copy Certificed Copy Certified Copy Certified Copy Certified Copy Certified Copy					
Enclos	ed is a check for the	he following amount:					
≅ \$ 2.	5.00 Filing Fee		Certified Copy	Certificate of Status &			

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

BASTION ASSET MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(4	A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Lia	bility Company	were filed on JULY 6, 201	7	and assigned
Florida document number L17000144717	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
BASTION ENTERPRISE LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation "	LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET	ADDRESS)			
				. <u></u> .
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)			
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:			ords, <u>ente</u>	r the name of the nev
New Registered Office Address:				C Da
		Enter Florida street ad	ldress	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		<i>5</i> **.	, Florida _	
		City		: Zip Code
New Registered Agent's Signature, if changing Ro	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing the company	r and complete _l tered agent as p egistered office :	performance of my duties rovided for in Chapter 60	s, and I an 05, F.S. O	n familiar with and r, if this document is
	If Chan	ging Registered Agent, Signat	ure 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>	Name	Address	Type of Action
			□ Add
			□ Remove
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			Add
			Remove
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ective date, if other than th	e date of filing:	UGUST 14, 201	7	(options	ıl)	
effective date is listed, the date mute: If the date inserted in this h	ist be specific and cam	not be prior to date	of filing or more than	90 days after fili	ng.) Pursua	nt to 605.0
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Typed or printed name of signee

Filing Fee: \$25.00