L17000173406

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SCURCTARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

| | Registration Se Division of Co | | ٠ | : | | | |
|-----------------------------------------------|-----------------------------------|-------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|--|
| eunica | PW1 | nagement Consulting, LLC | | | | | |
| SUBJEC | 1: | Name of Lim | ited Liability Company | | | | |
| The encle | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Andrew B. Parker | | | | | |
| | | | Name of Person | | | | |
| | | Parker Management Const | alting, LLC | | | | |
| | | | Firm/Company | | | | |
| | | 200 Horseshoe Loop Rd | | | | | |
| | | | Address | | | | |
| | | Terra Ceia, FL 34250 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | cafeduran l@gmail.com | | | | | |
| | | | to be used for future annual report no | tification) | | | |
| For furth | er information o | concerning this matter, please c | all: | | | | |
| Andrew | B. Parker | | 727 685-9191 | | | | |
| | Name o | of Person | at () Area Code Daytii | me Telephone Number | | | |
| Enclosed | is a check for t | the following amount: | | | | | |
| ■ \$25.0 | 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 Addre | | Street Address: Registration S | ection | | | |
| Registration Section Division of Corporations | | | | Division of Corporations | | | |
| | P.O. Box 63: | 27 | The Centre of | Tallahassee | | | |
| | Tallahassee, | FL 32314 | 2415 N. Monr | oe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Parker Management Consulting, LLC | | AUG AHAM |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------|
| (Name of the Limited Liabil | lity Company as it now appears on our da Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability (Florida document number L17000173406 | | AM RECORD AND AND AND AND AND AND AND AND AND AN |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| Defense Core Support, LLC | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | · | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | t address |
| | | Florida |
| | 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 |
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| ective date, if other the effective date is listed, the c | late must be specific : | and cannot be prior to | | | filing.) Pursuant to | |
| te: If the date inserted in nument's effective date or | | | e statutory filing | requirements, this | date will not be | listed a |
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| cord specifies a delayed on sfiled. | effective date, but r | not an effective time | , at 12:01 a.m. o | n the earlier of: (b) | The 90th day a | after th |
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| ted | | 2025 | . 1 | | 856 810 | 2025 AUG |
| | (a). | | | | AHA: | AUG |
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