Rlorfda Department of State

Division of Copporations

Electronic Elling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: INFUGGFSTAXACCT. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LT DEFENSE LLC

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APR 17 2024

Electronic Filing Menu

Corporate Filing Menu

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From: Juliana dos santos

COVER LETTER

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TO: Registration Se Division of Co					
LT DEFEN	VSE LLC	•			
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	JULIANA MACHADO				
		Name of Person	.		
GFS TAX & ACCOUNTING SERVICES					
Firm/Company					
11764 W SAMPLE RD STE 102					
		Address			
	CORAL SPRINGS, FL 33	065			
		City/State and Zip Code			
	INFO@GFSTAXACCT.CC	OM to be used for future annual report notification			
For further information of	concerning this matter, please c	•	1)		
JULIANA MACHADO		754 301-2128			
Name o	of Person	at () Area Code Daytime Telep	hone Number		
Enclosed is a check for the	he following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & (Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Malling Addres</u> Registration S		Street Address: Registration Section			
Division of C	Corporations	Division of Corporat			
P.O. Box 632	27	The Centre of Tallah	assee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H240001387473

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LI DEFENSE LLC		
(Name of the Limited Liability Committee (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companication for the Liability Companication	y were filed on 12/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Link	pility Company," the designation "LLC" o	r 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:		
Malling address MAY BE A POST OFFICE BOX)	*	26:
	<u> </u>	,C
		, :3
B. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new regist
gent and/or the new registered office address here:		
		 ښ
Name of New Registered Agent:		. 2
New Registered Office Address:		-1
	Enter Florida street address	
	, Flori	
	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.

HQ4 0001387473
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

Title	<u>Name</u>	Address	Type of Action
AMBR	AGUILAR, DIEGO PABLO U	5300 NW 87TH AVE APT 904	□Add
		DORAL, FL 33178	■Remove
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