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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Latest Innovation of National Secur
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
reast return an correspondence concerning this name to the tonowing.
ISmall Etenne Name of Person
Late 87 Innovation of National Security
22 Rochet LN
Palm Coast FL 32164
City/State and Zip Code Chene I Smooth and Image Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
I Small Etienne at (904) 482-9875 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
✓ Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LATEST INNOVATION OF NATIONAL SECURITY, LLC

2022 MAY 18 AM II+ 63

	ed Liability Company as it now appears on our records. (A Florida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Life Florida document number $\frac{\angle 18000116}{2}$	iability Company were filed on <u>5/7/18</u> 3854	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	CT ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, <u>enter t</u> ss here:	he name of the new registere
Name of New Registered Agent:	& I small Eher	me
New Registered Office Address:	22 ROCKet LI Enter Florida street address	<u> </u>
	\sim 1 = \sim \sim	rida <u>32164</u> 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Palm Coast FL 32	Kemove
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli is filed.	er or: (0) The 90th	day after the
2 4 0 2		
$\frac{\text{Dated} May 3}{\text{Nod}}$		
Signature of a member of authorized representative of a member		

Filing Fee: \$25.00