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APPROVED AND FILED

(A/B/C)

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TACTICAL ARTIAL Solutions LLC 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:			
Christian Sandberg			
Tactical Aerial Solutions ICC			
375 NW 33 rd Ter # 107			
Pompano Beach, Fl 33069 City/State and Zip Code Christian _ Sandberg a Sheriff.org E-mail address: (to be used to future annual report notification)			
Christian - Sandberg a Sheriff. Or G E-mail address: (to be used to future annual report notification)			
For further information concerning this matter, please call:			
Christian Sandberg at (954) 804-4082 Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}			
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACTICAL AQCION	impany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	(12 10	
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 I 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)		ARD FILEE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the here:	<u>new</u>
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street 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> **Address** Type of Action <u>Name</u> MGR Samuel Samaroo 5452 NW 108th WAY DANG Caral Springs, Fl 33076 Remove ☐ Change □ Add ☐ Remove Remove □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Change

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Effec	tive date, if other than the date of filing:	ıl)		
Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fili. If the date inserted in this block does not meet the applicable statutory filing requirements, this date.	ng.) Purs ite will i	uant to 605. 101 be liste	.0207 (. ed as tl
docur	nent's effective date on the Department of State's records.			
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m	n on t	ha aarlik	ar of:
	e 90th day after the record is filed.	1. 011 1	ic came	SI OI.
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Dated				
	Jan Jan			

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Filing Fee: \$25.00