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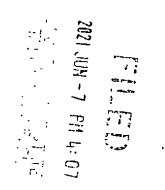
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Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	nsport Services LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fec(s) are subt	nutted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
	Robert J Cornelius			_	
		Name of Person			
	H & M Transport Services	LLC			
		Firm/Company			
	2815 Barnie Lane				
		Address		-	
	Lakeland, FL 33812			2021 JUN -	
	hollywood.defenders@gma				California California California California California
	E-mail address: (to be used for future annual report noti-	fication)		· · · · · · · · · · · · · · · · · · ·
For further information of	concerning this matter, please ca	all:			***;
Robert J Cornelius		863 559-7544		-7 PH 4: 08	
Name c	of Person	Area Code Daytim	e Telephone Numb	er	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy cal copy is enclosed)	
Mailing Addre Registration	Section	Street Address: Registration Se Division of Co			
Division of C P.O. Box 63	•	The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & M Transport Services LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 17, 2019 and assigned Florida document number H190000194383 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H & M Law Enforcement Supply LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
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			©Remove
			☐ Change
			□Add
			□Remove
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			—————————————————————————————————————
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