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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC

Account Number : I20210000107 Phone : (813) 284-4727 Fax Number : (813)436-8460

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

Email Address: notices@venerable.law

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SSQUARED INVESTMENTS LLC

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Help

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| TO:            | Registration Se<br>Division of Cor  |   |  | •   |  |  |
|----------------|---|---|--|---|--|--|
|                | SSOUARE   | D INVESTMENTS LLC                               |  |   |  |  |
| SUBJI          | ECT:  |   |  |   |  |  |
|                |   | Name of Lin                                     | ited Liability Company   |   |  |  |
| The en         | closed Articles of  | Amendment and fee(s) are sub                    | mitted for filing.   |   |  |  |
| Please         | return all correspo   | indence concerning this matter                  | to the following:  |   |  |  |
|                |   | JASON SAMPSON                                   |  |   |  |  |
|                |   |   | Name of Person   |   |  |  |
|                | Venerable Corporate and Trust Services, LLC   |   |  |   |  |  |
|                |   |   | Name of Limited Liability Company  and and fee(s) are submitted for filing. Incerning this matter to the following:  N SAMPSON  Name of Person  able Corporate and Trust Services, LLC  FrancCompany  fest Platt Street, No, 657  Address  of FL 33606  City/State and Zip Code  on@venerable.law  E-mail address: (to be used for future annual report notification)  this matter, please call:  at ( |   |  |  |
|                |   | 301 West Platt Street, No.                      | 657  |   |  |  |
|                |   |   | Address  |   |  |  |
|                |   | Tampa FL 33606                                  |  |   |  |  |
|                |   |   | City/State and Zip Code  | <del> </del>                              |  |  |
|                |   | jsampson@venerable.law<br>E-mail address: (     | s) are submitted for filing.  sis matter to the following:  DN  Name of Person  rate and Trust Services. LLC  Firm/Company  reet. No. 657  Address  Cit/State and Zip Code  ble.law  address: (to be used for future annual report notification)  , please call:  at (   |   |  |  |
| For <b>fur</b> | ther information c  | oncerning this matter, please ca                | •  |   |  |  |
| Jason S        | Sampson   |   |  |   |  |  |
|                | Name o  | r Person  | Area Code Daytime Telept   | none Number                               |  |  |
| Enclos         | ed is a check for th  | e following amount:                             |  |   |  |  |
| <b>≡</b> \$2   | 5.00 Filing Fee   | □ \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy   | Certificate of Status &<br>Certified Copy |  |  |
|                | Mailing Addres<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, F | section<br>orporations<br>7                     | Registration Section Division of Corporati The Centre of Tallaha   | issee<br>et, Suite 810                    |  |  |

îo:

fason Sampson
If Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF ORGANIZATION OF

| SSQUARED INVESTMENTS LI   |   |   |   |  |
|---|---|---|---|--|
| (Name of the Limi   | ted Linbility Compa<br>(A Florida Limited             | uny as it now appears on our rec<br>Liability Company)    | ords.)  |  |
| The Articles of Organization for this Limited L<br>Florida document number  | iability Company                                      | were filed on   | and assigned  |  |
| This amendment is submitted to amend the foll   | owing:  |   |   |  |
| A. If amending name, enter the new name o   | f the limited ligh                                    | oility company here:                                      |   |  |
| The annual many has first and both a good convoice than   |   | ho Comme "de Inimational                                  | 10° a da de la          |  |
| The new name must be distinguishable and contain the words "Limited Liab  Enter new principal offices address, if applicable:   |   | 301 West Platt Street                                     |   |  |
|   |   | No. 657   |   |  |
| (Principal office address MUST BE A STREE   | <u>: I_ADDRESS)</u>                                   | Tampa FL 33606  |   |  |
| Enter new mailing address, if applicable:   |   | 301 West Platt Street                                     |   |  |
| Mailing address MAY BE A POST OFFICE  | ROX)  | No. 657   | -   |  |
|   | <u>1701.7</u>   | Tampa FL 33606  | <u></u>   |  |
| B. If amending the registered agent and/or ingent and/or the new registered office address  Name of New Registered Agent:   | ss here:  | address on our records, <u>ent</u><br>CORPORATE AND TRUST |   |  |
| Name of New Registered Agent:   | 301 W PLATT   | ST NO. 657  |   |  |
| New Registered Office Address:  |   | Enter Florida street ada                                  | Iress   |  |
|   | Tampa   | mpa 33606<br>, Florida                                    |   |  |
|   |   | Cny   | Zip Code  |  |
| New Registered Agent's Signature, if changing   | Registered Agent:                                     |   |   |  |
| hereby accept the appointment as registere provisions of all statutes relative to the propiecept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this | er and complete<br>stered agent as progestered office | performance of my dutics,<br>provided for in Chapter 60   | and I am familiar with and 15, F.S. Or, if this document is |  |

## MGR = Manager AMBR = Authorized Member

o:

| Title | <u>Name</u>                  | <u>Address</u>       | Type of Action |
|-------|------------------------------|----------------------|----------------|
| MGR   | SHLEMON. STEVEN M            | 1302 East 2nd Avenue |                |
|       |                              |                      | □Add           |
|       |                              | STE 102              |                |
|       |                              | <del></del>          | =Remove        |
|       |                              | TAMPA, FL 33605      | _              |
|       | SKYWAY DEFENSE HOLDINGS, LLC | 20.11.0.0.0.0        | ☐ Change       |
| MBR   | SKTWAT DEFENSE MOLDINGS, LEC | 30 N Gould St Ste R  | <b>≡</b> Add   |
|       |                              | Suite R              |                |
|       |                              |                      | □Remove        |
|       |                              | Sheridan, WY 82801   |                |
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| Note: 1                | ve date, if other than the<br>serive date is listed, the date mus<br>If the date inserted in this blo<br>ent's effective date on the Do | ock does not meet  | t the applicable | late of filing or more<br>e statutory filing | (option<br>e dram 90 days suler ti<br>requirements, this o | ral)<br>ting ) Pursuant to 605.0<br>date will not be listed | )207 (;<br>I as tl |
| e record<br>rd is file | 1 specifies a delayed effectived  | e date, but not an | effective time,  | at 12:01 a.m. on                             | the earlier of (b)   | The 90th day after t  | :he                |
| N<br>Dated_            | November 15   | 2                  | 2023             |  |  |   |                    |
|                        | fason_Sam   |                    |                  |  |  |   |                    |
|                        | •   | P:                 |                  |  | F  |   |                    |