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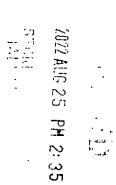
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
MILTRAN	FLLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Manori de Silva, Esq.		
	<u> </u>	Name of Person	
	Taylor English Duma LLP		
		Firm/Company	
	1600 Parkwood Circle, Sui	ite 200	
		Address	
	Atlanta, GA 30339		
		City/State and Zip Code	
	mdesilva@taylorenglish.com	m to be used for future annual report noti	tiention)
For further information of	concerning this matter, please ca		
Manori de Silva		470 893-8038	
Name c	of Person	at () Area Code Daytim	e Telephone Number
Part of the about Cana	L. C. Harrison and America		
Enclosed is a check for t	-	E est on Mill to the	E CAAARTI - E-
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILTRAN 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 10/16/2019 Florida document number _____L19000260514 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Military Transformation Project, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 . Florida City

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 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
			🗆 Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	date of filing: at be specific and cannot be prior to date of filing cock does not meet the applicable statutory fepartment of State's records.	(optional) or more than 90 days after filing.) Pursuant to iling requirements, this date will not be	605.0201 listed as
record specifies a delayed effectiv d is filed.	e date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day a	ifter the
08/22/2022 Dated	20 23/ 22/2022		
Manori de Silva			
Manori de Silva	Signature of a member or authorized representa	nive of a member	-