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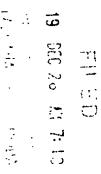
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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JAN 27 2020 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			
enn er	PRAETOR			
SUBJEC	~1; <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Steele T. Williams		
			Name of Person	
		Steele T. Williams, P.A.		
			Firm/Company	
		1381 McAnsh Square		
			Address	
		Sarasota, FL 34236		
		SteeleTWilliams@comcust. E-mail address: (net to be used for future annual repor	t notification)
For furth	ner information c	oncerning this matter, please c		
Steele V	Villiams		941 378-180	00
	Name o	(Person	Area Code D	aytime Telephone Number
Enclosed	d is a check for th	he following amount:		
□ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre Registratio	
	Division of C			Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRAETORIANS 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 December 12, 2019 and assigned Florida document number L19000302585 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 Liability Company," the designation "LLC" 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 _, Florida

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>	<u>Address</u>	Type of Action
MGR	Dunamis Foundation	10869 N. Scottsdale Blvd., #103	= Add
		Scottsdale (Maricopa county) AZ 85254	□Remove
			□Change
AMBR	BABAN, KARZAN	2850 SMITHFIELD DRIVE	□Add
		ORLANDO, FL 32837	■Remove
			□Change
			🗆 Add
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Note: If the date	other than the date of filing: isted, the date must be specific and cannot be paserted in this block does not meet the appre date on the Department of State's reco	plicable statutory filing req	(optional) an 90 days after filing.) Pursuant to uirements, this date will not be l	605.0207 (isted as t
e record specifies : rd is filed.	delayed effective date, but not an effective	ve time, at 12:01 a.m. on th	e earlier of: (b) The 90th day a	tter the
December Dated	2019	/- ·		
Dated	18 Wh	authorized representative of a r	nember	

Filing Fee: \$25.00