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PICK-UP WAIT MAIL				
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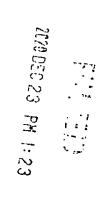
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FFB 0 6 2021 S. YOUNG



## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations
SUBJECT: The America Private Military, 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:
Trease return an correspondence concerning this matter to the tomorning.
Lt. Ovidio M. Gonzalez
The America Private Military LC
2665 S. Day Shore Dr #320-17
Address
Certain to the Code FT 33133
americal condition and condition yanv. con E-mail address: (to be used for future annual region particulation)
For further information concerning this matter, please call:
J. Cyldia M. Gurialez = 1786 306-2069
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations  Division of Corporations  The Control of Tallahassan
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The America Pryd (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 2000013J4</u> ]7	ere filed on 5/20 20 Cand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C,"  Same
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  -	mar. Same as griciple address
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:  New Registered Office Address:	en D. Garcia J.D. 5 5. Bayshare It ± 220 Enter Florida street aftires
HOCOVIC	the City City Specific States of City Sip 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

<u>.                                      </u>		
<u>Note:</u> If the da	e, if other than the date of filing:	.0207 ed as t
•	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
rd is filed.	$\int_{\Omega} d\Omega d\Omega$	
Dated	2 D	
l l		
	Signature of a member or arthorized pole entative of a member	

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>	Name	Address	Type of Action
			D∧dd
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			Change
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			Change