Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000018886 3)))



H230000188863ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROETZEL & ANDRESS

Account Number : I20000000121 Phone : (239)649-6200 Fax Number : (239)261-3659

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

Email Address: MYashko@ralaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAXIM DEFENSE ACADEMY, LLC

Certificate of Status	U
Certified Copy	t)
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMEUX

JAN 18 2023

H23000018886 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXIM DEFENSE ACADEMY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Bability Company) _____ and assigned Florida document number _____L20000147433 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAXIM ACADEMY, 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: СП 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

H23000018886 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			DRemove
			□Change
			□Add
			∃Remove
			□ Change
 _	<u> </u>		©Add
			□Remove
			DChange
			🖸 Add
			□Remove
			©Change
			□Remove
		-	
			□Remove
			□ Change

H23000018886 3

D. Itamei	iding any oth information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
	
_	
(If an effect <u>Note:</u> If	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3X) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u> Manager 12. 20.35.</u>
	Signature of a member of authorized representative of a member
	MICHAEL G. WINDFELDT Typed or printed name of signce

Filing Fee: \$25.00 H23000018886 3