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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: De	Fense Sup/	2/g Sg S/C/ ited Tability Company	ns 110	· 
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
	Nichelo	Name of Person	zullo	
	/)e-fense_s	Supply System Film/Company	s LLC	
	8218 NW	124th Ter Address		
	ParKland	LFL 330 City/State and Zip Code	76	
	E-mail address: (1	to be used for future annual i	ma/.com	7021
For further information co	ncerning this matter, please ca	ıll:		
Nicholas Name of	Marzulle Person	at ( 954)	856 GGC	Number Number
ivanic of	i Crouii	i.	Suyttile Telephone	÷ 2
Enclosed is a check for the	e following amount:			. <u>L</u>
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	(losed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
<u>Mailing Address</u> Registration S Division of Co	ection	Division	ntion Section  of Corporations	
P.O. Box 6327 Tallahassee, F	7	The Cer	ntre of Tallahasse Monroe Street,	ee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	Company as it now appears on our records.)	
(A Florida Lii	mited Liability Company)	
The Articles of Organization for this Limited Liability Com-	npany were filed on	and assigned
Florida document number 12/000257/0.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	8218 NW 124"	n Ter
(Principal office address MUST BE A STREET ADDRES	ss) Parkland, FL 33076	
Enter new mailing address, if applicable:	-	<i>(</i> )
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:		
		24
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	Zip Code
	City	Zip 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 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	Fype of Action
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing one:  If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a. is filed.	.m. on the earlier of: (b) The 90th	day after the
nted <u>C5/26/21/</u>		
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