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T. MATTHEWS NOV 3 0 2021

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: NBM	- Defens	e, LLC.							
SUBJECT. 150	Name of Limit	ed Liability Company							
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.							
Please return all corresponden	ce concerning this matter to	o the following:							
C	heyenr	Name of Person	<u> </u>						
-		Firm/Company	<del></del>						
=	3825 42	na Place							
₹	<u> </u>	Address							
V	ero Becc	5h, FL 339	707						
_		City/State and Zip Code							
<u></u>	DMACA E-mail address: (to	be used for future annual report no	oil COM						
For further information concer	rning this matter, please ca	II:							
	12/-	772 242	0.7103						
Name of Pers		at (778) 246 Area Code Dayti	me Telephone Number						
Enclosed is a check for the fol	lowing amount:								
\$25.00 Filing Fee	S30.00 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 Address: Registration Sect	ion	<u>Street Address:</u> Registration S	Section						
Division of Corpo		Division of C	Division of Corporations						
P.O. Box 6327 Tallahassee, FL 3	2314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NBM-Defense	21 NGV 12 PM 3: 01
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on O.5.3\ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5000 US HWY 1
(Principal office address MUST BE A STREET ADDRESS)	104-336
	vero Becch Fl 33967
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5000 US HWY 1 1041.336 Vara Barch, FL 30967
agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and sprovided for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager Authorized Member	Address 1 HEV 12 PH 3:01	-		
<u>Title</u>	Name	Address 1 HOV 12 PH 3.	Type of Action		
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			□Remove		
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