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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| ed Copies Certificates of Status |
| cial Instructions to Filing Officer: |
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Office Use Only



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ALLAHASSEE, FEET

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CAPITAL CONNECTION, MNC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 4 1-800-342-8062 • Fax (850) 222-1222

| C SOLDIERS I | LLC | | |
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| | | | Art of Inc. File |
| | | | LTD Partnership File |
| | | | Foreign Corp. File |
| | | | L.C. File |
| | | | Fictitious Name File |
| | | | Trade/Service Mark |
| | | | Merger File |
| | | | Art. of Amend. File |
| | | | RA Resignation |
| | | | Dissolution / Withdrawal |
| | | | Annual Report / Reinstatement |
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| | | | Photo Copy |
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| alk-In | Will Pick | Up | Courier |

COVER LETTER

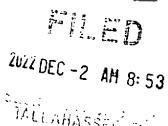
| FO: Registration Se Division of Cor | porations | | |
|---|---|--|--|
| SUBJECTI: | NC Soldiers | LLC. | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and tee(s) are sub | muted for filing | |
| Please return all correspo | ondence concerning this matter | to the following. | |
| | Qmer | He Name of Person | |
| | | Firm Company | |
| | 104100 Busy | 72 2 30, 16 201 Notation | |
| | | City/State and Zip Code | |
| | | to be used for future annual report noti | (ication) |
| | concerning this matter, please e | | |
| Omer Name (| Hen of Person | at (954) L195- Area Code Daytim | US⊅O e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | C: \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C P.O. Box 632 | Section orporations | Street Address: Registration Se Division of Cor | porations |
| F.O. DOX 052 | , r | The Centre of T | allahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| AC sadiers LLC | IACLAHASSEL FL |
|--|--|
| (Name of the Limited Liability Company as it now appears on our reco | rd <u>v</u> i |
| The Articles of Organization for this Limited Liability Company were filed on $\underline{FCb}, \underline{BL}$. Florida document number $\underline{LBB}000081u44$. | <u> වටවිටු</u> and assigned |
| 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 "U1 | C" 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, entegent and/or the new registered office address here: | r the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street address | ets. |
| | lorida |
| Circ | Torida Zy 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 turther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am tamiliar 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

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

| Litle | Name | Address | Type of Action |
|-------------|----------|------------------------|----------------|
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| ffective date, if other th | an the date of fili | ng: | | (options | 1) |
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| ocument's effective date o | n the Department of | f State's records. | | | |
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