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of 5/17/2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 675739, 7977112

AUTHORIZATION :

COST LIMIT : (\$ 25.00

ORDER DATE : May 13, 2022

ORDER TIME : 8:07 AM

ORDER NO. : 675739-005

CUSTOMER NO: 7977112

DOMESTIC AMENDMENT FILING

NAME: NIGHTHAWK GROUP, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

DocuSign Envelope ID: 3E5FAFAE-5296-4FCB-8FDE-6E6C6C9D5D5E COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NIGHTHAWK GROUP, LLC SUBJECT: 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: Christopher R. O'Brien, Esq. Name of Person Woods, Weidenmiller, Michetti & Rudnick, LLP Firm/Company 9045 Strada Stell Court, Suite 400 Address Naples, FL 34109 City/State and Zip Code cobrien@lawfirmnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher R. O'Brien 3254070 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (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 Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

DocuSign Envelope ID: 3E5FAFAE-5296-4FCB-8FDE-6E6C6C9D5D5E **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 16 PH 12: 20

NIGHTHAWK GROUP, LLC		CACA STATE
NIGHTHAWK GROUP, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	ords: ALLA CASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000117604</u>	were filed on March 22, 20:	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "l	LLC" 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)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
(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 neagent and/or the new registered office address here:	dress	
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 3E5FAFAE-5296-4FCB-8FDE-6E6C6C9D5D5E in amending Authorized rerson(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>	<u>Name</u>	Address	Type of Action
MGR	Bruce Barone, Sr.	1421 Nighthawk Pointe	
		Naples. Fl. 34105	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change

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E ffect fan ef	tive date, if other than the date of filing:	nt to 605 020°
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	t be listed as
aocun	nent's effective date on the Department of State's records.	
e recoi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	day after the
d is fi	led.	au, uner me
	5/12/2022	
	5/13/2022	
Dated		
Dated	Bruce Barone, Sr.	
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00