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(Requestor's Name)		

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COVER LETTER

TO:	Registration Section
	Division of Corporations

JFT DEFENSE SOLUTIONS 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:

FRANK A SCHAAFSMA Name of Person AGIS HOLDINGS GROUP LLC Firm/Company ı PH 4: 698 NE 1st AVE., APT, 3502 Address MIAMI, FL 33132 City/State and Zip Code frank@jftdefensesolutions.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 973 FRANK SCHAAFSMA 996-5063 at (Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JFT DEFENSE SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of	Organization for this Limited Liability Company were filed on July 21, 2022	and assigned
	. 1,22000324599	

Florida document number _____

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AGIS HOLDINGS GROUP 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:	· · · · · · · · · · · · · · · · · · ·	202	
(Principal office address MUST BE A STREET ADDRESS)		ن ال	·
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]
Enter new mailing address, if applicable:	. : *	Pii	9 ⁻ 6 (
(Mailing address MAY BE A <u>POST OFF</u> ICE <u>BOX)</u>	ری 14	<u></u>	محنت

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

New Registered Office Address:		
	Enter Florida street aa	ldress
		. Florida
	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

•

Title	<u>Name</u>	Address	Type of Action
MGR	FRANK A SCHAAFSMA	698 NE 1ST AVE	⊡∧dd
		APARTMENT 3502	□Remove
		MIAMI, FL 33132	🖬 Change
AMBR	EVAN TYLER DAVIS	698 NE IST AVE	■ Add
		APARTMENT 3502	
		MIAMI, FL 33132	
AMBR	BRIAN NOLL	698 NE IST AVE	⊒Add
		APARTMENT 3502	
			Change 7
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2023	
I. hut	Zhhu)	
- yna	Signature of a member or authorized representative of a member	<u> </u>
Tyler R. Zeberl, S	Spiro Harrison & Nelson, Authorized Representative	

Typed or printed name of signee