12/16/22 3:06 PM



Division of Corporations Electronic Filing Cover Sheet

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Io:

Division of Corporations

Fax Number : (850)617-6383

From:

2122 Ut . . .

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BINARY ARMOR LLC

Certificate of Status	0
Certified Copy	0
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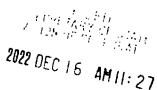
A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

TC: 18506176383 From: 19166105073 Date: 12/16/22 Time: 9:08 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Binary Armor LLC			27
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appe atted Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on _	11/28/2022	and assigned
Florida document number <u>L.22000499729</u> .			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	liability company l	<u>iere</u> :	
Sentinel Operations Systems LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the	abbreviation "L. L. C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u></u>		
enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BON)			
		<u>-,</u>	
3. If amending the registered agent and/or registered of	fice address on our	records, <u>enter the na</u>	ime of the new regist
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		, Florida	
	Cuy		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.

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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>	<u>Name</u>	Address	Type of Action
		·	
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□ □ Remove
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To: 18506176383 From: 19166105073 Date: 12/16/22 Time: 9:08 PM Page: 05/05

16				Poston of	Property of State	
. II ameno	ling any other information	on, enter change(s) here:	(Attach additional sheets, 1)	2022 DEC 16	AM 11: 2:	
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Note: If	date, if other than the diventure is listed, the date must be the date inserted in this block is effective date on the Depr	k does not meet the applical	(date of tiling or more than 90 day ole statutory filing requirement.	optional) catter filing (Pursuant to s, this date will not be	5 605 0207 (3) Thisted as the	
	-		re, at 42.01 a.m. on the earlier of	of (b). The 90th day	after the	
Dated	December 15	. 2022	- ·			
	john borrero		ized representative of a member			
	John Emmanuel Bo				-	

Filing Fee: \$25.00