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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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R. HUNT 01/26/21/



COVER LETTER

· TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
MLBB CC SUBJECT:	NSULTING SERVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Michael J. Barker			
		Name of Person		-
		Firm/Company		-
	12428 San Jose Blvd, Suit	c 5		÷.
		Address		= ************************************
	Jacksonville, Fl 32223			
	mbarker@duck.com	City/State and Zip Code		AN OF STATE
	E-mail address: (to be used for future annual report noti	fication)	74E
For further information of	concerning this matter, please c	all:		
Michael J. Barker		904 226-3660 at ()		
Name o	of Person		e Telephone Number	Г
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres Registration		Street Address:	vio	
Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLBB CONSULTING SERVICES 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 12/19/2023 and assigned Florida document number ______L23000555058 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MB MUNITIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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) വ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR BARKER, LAUREN F		12428 SAN JOSE BLVD, SUITE 5	🗀 Add
		JACKSONVILLE, FL 32223	■Remove
			□Change
			□Add
			☐Remove
			OAdd OAdd
			Remove
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ective date, if other than the effective date is listed, the date made: If the date inserted in this buttern's effective date on the I	ist be specific ar llock does not	nd cannot be pri meet the appl	icable statuto	ng or more than ry filing requir	(optiona 90 days after filin rements, this day	o i Pin	rsuant t not b	io 605.03 e listed
ecord specifies a delayed effecti is filed.	ve date, but no	ot an effective	time, at 12:0	l a.m. on the c	arlier of: (b) 1	Γhe 90	th day	after th
ted JANUARY 26		2024	·					

Filing Fee: \$25.00