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## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
Combat S	ervi ces Group		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert Katz		
		Name of Person	
	Combat Services Group LL	.C	
		Firm/Company	
	1825 NW Corporate BLVI		
	<del></del>	Address	
	Boca Rato, Florida 33431		
	robert@combateservicesgro	City/State and Zip Code up.co.m	
	<del>-</del>	to be used for future annual report notifica	ation)
For further information	concerning this matter, please ca	all:	
Robert Katz		561 260-5000	
Name	of Person	at () Area Code Daytime T	'elephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			, , , , , , , , , , , , , , , , , , , ,
Mailing Addr		Street Address:	<u>.</u> ይገ
Registration		Registration Section	
	Corporations	Division of Corpo The Centre of Tal	<b>Q</b> .
P.O. Box 6. Tallahassee		2415 N. Monroe S	- n
rananassee	, I L J2J17	Tallahassee, FL 3	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Combat Services Group ILC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	cords.)
The Articles of Organization for this Limited Liability Company villarida document number L24000206168	were filed on 05/02/2024	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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 paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie rovided for in Chapter 6	s, and I am familiar with and

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>	Name	Address	Type of Action
ambr	Robert Katz	6481 Enclave way	■Add
		Boca Raton, Florida 33496	□Remove
			□Change
ambr	Brandon Malloy	872 King Hill Road	■Add
		Surprise, New York 12176	□Remove
			☐ Change
ambr	Walter Agosta	2630 SE 132nd St	<b>∃</b> Add
		Morristown, Florida 32668	□Remove
			□Change
ambr	Robert Etelman	838 Woodland Drive	<b>≡</b> Add
		Canon , Georgia 30520	□Remove
		Change	
ambr	Nish Harshadkumar Patel		≣Add
		9066 SW 73rd Ct Apt. 307	□Remove
		Miami, Florida 33156	☐ Ghange
			□Adul
			□ Remove .
			Change

feetive date, if other than the date of filing:  (09/01/2024 (optional))  (optional)  (opt			
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Fective date, if other than the date of filing:    O9/01/2024			
Signature of a member or autopixed representative of a member    Optional   Optional			
Signature of a member or autopixed representative of a member    Optional   Optional			
Signature of a member or autopixed representative of a member    Optional   Optional			
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Fective date, if other than the date of filing:			
Signature of a member or authorized representative of a member  (optional)  (o			
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Robert Katz			<u> </u>
		Cobert Katz	* .
	<u> </u>	Typed or printed name of signee	

Filing Fee: \$25.00