# #13000084438

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K. SALY EXAMINER

JUL 3 1 2013

# **COVER LETTER**

SUBJECT: Flyn Training School, LLC
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:
Myra Brano / SANOS Brano
Firm/Company
1478 N Homestead Blud Address
City/State and Zip Code  Gruntsovper 007 ADL Com  E-mail address: (to be used for future annual report notification)
Grundsovper woo ADL Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Myra Bruno at (305) 299-1/77 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
13 JUL 30 PH 12: 14
SECRETARY OF STATE TALLAHASSEE, FLORIDA
TOWEL, LEUKIDA

Zip Code

Gun Training Schi	DI LLC
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000084438</u> .	were filed on 10 11 2013 and assigned
This amendment is submitted to amend the following:	<b>,</b>
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
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)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Santos BrinoJr	27824 SW IVE COURT	(Add
		Homestead Fr 33030	Remove
			. Add
			Remove
			Add
	·		Remove
<del></del> ,	<u> </u>		Add
			Remove
			Add
			Remove
		·	Add
			Remove

Ď.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Da	ated 26 July , 2013
	Signature of a member or authorized representative of a member  SANTOS BRUNO Jr.
	Typed or printed name of signee

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Filing Fee: \$25.00