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S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	.aos Tact	ical L.L.	<i>-</i> 1
	Name of Lim	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	_ Wilfre	d Lemmard	<u>!</u>
		Name of Person	
		Firm/Company	
•	126 h	Jild life Trail	<u> </u>
		Address	言語
	Lakela	and, FL 338	09
		City/State and Zip Code	新克 · 一
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please c	all:	<u> </u>
Wilfred	Lemmard	at (863) 602.	1371
Name of	Person	at (<u>863</u>) <u>602</u> . Area Code Daytime 1	Felephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Chaps Ta	ctical L.L.C.
-	
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on April 10, 2015 and assigned document number L 15 000063 010. endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ew principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) ew mailing address, if applicable:
Articles of Organization for this Limited Liability Company were filed on April 10, 2015 and assigned rida document number L 15 000063 010. If amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC." Iter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) There new mailing address, if applicable: Incipal office address MUST BE A STREET ADDRESS)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u>SS)</u>
	चित्र ज
Enter new mailing address, if applicable:	- A - A - A - A - A - A - A - A - A - A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office address	ss nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zin 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 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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Wilfred Melford Lemm	ard 126 Wildlife Trail, La	beland, FL 33809 Add
-			Remove
			Change
* MGR	Chyenna Lemmard	每日	Add
	,	126 Wildlife Trail, La	Akeland, FL 33809 PRemove
			□ Change
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			Pop ⊆ Add □ Add □ Add □ Add
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n effe	ve date, if other than the di	e specific and cannot be pri	or to date of filing or mor	(option re than 90 days after	filing.) Pursua	nt to 605.020
cum	If the date inserted in this blocent's effective date on the Dep	artment of State's record	icable statutory filing	requirements, this	date will no	t be listed a
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	ord specifies a delayed e 90th day after the recor		ot an effective tir	me, at 12:01 a	.mon the	e earlier o
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		ignature of a member or au				<u>क्</u>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00