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(Re	questor's Name)	•
(Ad	dress)	
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COVER LETTER

	ision of Cor			
	ESTERO F	TREARMS LLC		
SUBJECT:		Name of Limite	d Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return	all correspo	ondence concerning this matter to	the following:	
		DUNCAN, GORDON R, JR		
	٠		Name of Person	
			Firm/Company	
		20673 Torre Del Lago St.		
			Address	
		Estero, FL 33928		20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		 esterofireanns@gmail.com	City/State and Zip Code	leation)
For further in	formation c	E-mail address: (to oncerning this matter, please call	he used for future annual report notif	Teation) 22
Riley Duncar			239 839-3532 at ()	ORIEN TO
	Name o	f Person		: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
r	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n
	P.O. Bo	ox 6327 ussee, FL 32314	Cliffon Building 2661 Executive Cer	nter Circle

2661 Executive Center Circle Tallahassee, FL 32301 ···

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESTERO FIREARMS LLC				
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our recording the Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Co	mpany were filed on 12/01/2016		and assi	gned
Florida document number L16000218770				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
Estero Enterprises LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the ab	breviation "L.I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>	· 7r. A 2 ·		
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	20. 20.	
•			APR	
Enter new mailing address, if applicable:		851	× 1	puster Jugika
(Mailing address MAY BE A POST OFFICE BOX)			7"	7
		7177	U	7
		किस्ते प्राप्ति	**	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ds, enter	ഗ the name ∢	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addr	ess		
	. F	lorida		
	City		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.

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 **Type of Action** <u>Address</u> **Title** <u>Name</u> □ Add _□ Remove Change □ Add □ Remove □ Change □ Add ู่ 🛮 R**ัต้ก็จ**ึงจ Ū 5 ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Remove

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ective date, if other than th	e date of filing:			(on	tional)		
n effective date is listed, the date m	iust be specific and ca	annot be prior to d	late of filing or moi	e than 90 days af	ter filing.) l	ursuant 1	io 605.020
te: If the date inserted in this cument's effective date on the			stanutory ming	requirements, t	iis date w	m not b	e fisied a
record specifies a delay		te, but not a	n effective tir	ne, at 12:01	a.m. o	n the ϵ	earlier o
he 90th day after the re	cord is filed.						
April 22nd		2018					
red April 22nd	,		•				
	M . /	a m	od representative of				
	NAUM	1 2/1	un Ur				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00