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COVER-LETTER

	Registration Sec Division of Corp						
SHR IFA		Gun Shop, LLC					
SUBJECT:Name of Limited Liability Company							
		Amendment and fee(s) are sub-	-				
ricuse re	turn an correspon	Dimitri Artzibuhsev, Autho	_				
		Rawhide Properties	Name of Person	 _			
		1525 W. Hillsborough Ave	Firm/Company				
		Tampa, FL 33603	Address	 			
		accounting@firsttampa.com	City/State and Zip Code	· · · · · ·			
		E-mail address: (to be used for future annual report notif	īcation)			
For furth	ner information co	oncerning this matter, please co	ıll:				
Dimitri .	Artzibushev		813 237-0529				
	Name of	l'Person	81.3 237-0529 at () Area Code Daytime	: Telephone Number			
Enclosed	d is a check for th	ne 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

The Armory Gun Shop, LLC			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our orida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabil Florida document number L19000095272	ity Company were filed on	57/2019 and assigned	
This amendment is submitted to amend the following	ā:		
A. If amending name, enter the new name of the	limited liability company here:		
N/A		1	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbreviation." L.C."	
Enter new principal offices address, if applicable	: <u>N/A</u>	誓言 丁	
(Principal office address MUST BE A STREET A	DDRESS)	50 N T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	EFFLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ecords, <u>enter the name of the nev</u>	
New Registered Office Address:			
	Enter Florida street address		
_		, Florida	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	Joshua Holden	10009 Tate Lane, Tampa, FL 33626	■ Add
			□ Remove
			Change
			□ Remove
			□ Change
			Ramove
			E Change
			D:Remove
		<u></u>	☐ Change
			□ Remove
			Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August1,2019 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated July31 2019 Signature of a member or authorized representative of a member Dimitri Artzibushev, authorized representative Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00