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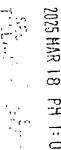
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Office Use Only

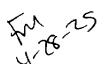


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### **COVER LETTER**

TO: Registration So Division of Con			
	ANDA TACTICAL LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RICHARD F. CLINTON	JR.	
		Name of Person	
		Firm/Company	202
	700 MARSH HARBOR D	R	2025 HAR 18 PH 1: 05
	<del></del>	Address	18
	MARY ESTHER, FL 325	69	PH -
		City/State and Zip Code	
	trashpandatac@gmail.com		
For further information of	eoncerning this matter, please of	to be used for future annual report not all:	incation)
Richard Clinton		850 902-0382	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of	
i alialiassee,	1 16 343 14	2413 IV. MIOIIIC	e Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRASH PANDA TACTICAL LLC		
(Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on our records,) iited Liability Company)	)
te Articles of Organization for this Limited Liability Comp	pany were filed on FEBRUARY 23, 20	21 and assigned
orida document number L21000089798		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
RASH FIRE LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	2025 1111
		8
nter new mailing address, if applicable:	PO BOX 556	-0 ; 5°
Mailing address MAY BE A POST OFFICE BOX)	MARY ESTHER, FL 32569	Short
		9
		<u> </u>
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	Name	Address	Type of Action
			□Remove
		<del></del>	□Add
			□Remove
		<del></del>	□Change
		<del></del>	□Add
			Remove  AR  Change
			Change Add
			☐ Remove
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Tective date, if other than the dan effective date is listed, the date must be	ate of filing: e specific and cannot be prior to date o	of filing or more than 90 days after	nal) filing.) Pursuant to 605.0
ote: If the date inserted in this bloc ecument's effective date on the Dep	k does not meet the applicable sta	tutory filing requirements, this	date will not be listed
record specifies a delayed		ffective time, at 12:01 a	.m. on the earlier
The 90th day after the recor	d is filed.		
	2025		
MARCH 11			
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aled	gnature of a member or authorized re		