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SECRETARY OF STATE
TALLAHASSEE, FLORID

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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|--|--|
| SUBJECT: Battle | Ready A Name of Limi | ited Liability Company | |
| The enclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponde | nce concerning this matter | to the following: | |
| | Char | les k Cassels Name of Person | |
| μ• · | Balle F | Ready Arms, LL | <u>C</u> |
| | 215 Ponce | Street | |
| | New Song | urna Beach, FL 3 City/State and Zip Code Dbattleready arms to be used for future annual report notifica | 2168 |
| - | Charles (| 2 battle ready arms to be used for future annual report notifications. | s. Com |
| For further information conc | erning this matter, please ca | all: | |
| Charles K Name of Pe | rson | at (386) 428 - Area Code Daytime T | 7960 elephone Number |
| Enclosed is a check for the fo | ollowing 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 Fec, 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

| Battle Ready Arms, | 416 | | |
|--|--|---------------------------|--------------------|
| (<u>Name of the Limited Liab</u> (A Flori | LLC illity Company as it now appears on ida Limited Liability Company) | <u>our records.</u>) | |
| The Articles of Organization for this Limited Liability | _ | | and assigned |
| Florida document number <u>L17000000 & 21</u> | • | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the design | ation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | . <u></u> | |
| (Principal office address MUST BE A STREET ADI | DRESS) | | <u> </u> |
| | | | |
| Enton nove mailing address if applicable. | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | - | | |
| B. If amending the registered agent and/or reg | | r records, <u>enter t</u> | he name of the new |
| registered agent and/or the new registered office ad | <u>ldress here</u> : | | |
| Name of New Registered Agent: | | | |
| | | | • • • • • • |
| New Registered Office Address: | Enter Florida si | treet address | |
| | | , Florida | |
| | City | , Fiorial | Zip Code |
| New Registered Agent's Signature, if changing Register | red Agent: | | |
| I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered | complete performance of my c | duties, and I am fa | miliar with and |
| being filed to merely reflect a change in the registe company has been notified in writing of this change | ered office address, I hereby co | | |
| | | | 7 |

Page 1 of 3

If Changing Registered Agent, Signature of New Regis

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

| <u>Name</u> | <u>Address</u> | Type of Action |
|---|----------------------|---|
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| Effective date, if other than the date of filing: (open filing or more than 90 days after the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date of filing or more than 90 days afte | tional) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the | his date will not be listed as |
| document's effective date on the Department of State's records. | |
| ne record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed. | a.m. on the earlier o |
| Dated April 14, 2017. Charles & Casels Signature of a member or authorized representative of a member | 75 - |
| | T A |
| | Em 3 T |
| Signature of a member or authorized representative of a member | |
| | ARY SSE |
| Signature of a member or authorized representative of a member CMALS K. Cassels Typed or printed name of signee | I PH 2 |

Page 3 of 3

Filing Fee: \$25.00