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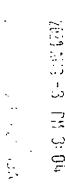
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

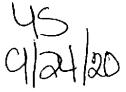




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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
Servic	re Shooting and Range Sports LLC		
SUBJECT:			
	Name of Lir	nited Liability Company	
The enclosed Artick	es of Amendment and fee(s) are sul	bmitted for filing.	
	respondence concerning this matter	·	
	Alexander Perea		
	<u></u>	Name of Person	· ~:
	Service Shooting and Ran	ige Sports LLC	### ## ## 기계
		Firm/Company	<u></u>
	2830 Dumont Drive		ည် - က
		Address	
	Taliahassee FL 32312		
	serviceshootingsports@gm	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address:	(to be used for future annual	report notification)
For further informati	ion concerning this matter, please of	call:	
Alexander Perea		910 49	
Na	me of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check:	for the following amount:		
■ \$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &
	on Section of Corporations	Divisio	ddress: ation Section on of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Service Shooting and Range Sports LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SERVICE TRAINING AND RANGE SPORTS LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) ٠.٠ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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.

11cw Registered Agent's Signature, it changing 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:

the second of th

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ 🗆 Add
			_ □Remove
			_ Change
			_ □Add
		77.75 1.75 1.75 1.75 1.75 1.75 1.75 1.75	_ □Remove
		ω	_ □Change
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fective date, if other than the date of filing:	(6	optional)
n effective date is listed, the date must be specific and cannot be prior to da	ate of filing or more than 90 days	after filing.) Pursuant to 605.02
ete: If the date inserted in this block does not meet the applicable current's effective date on the Department of State's records.	statutory ming requirements	, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier o	f: (b) The 90th day after th
1ed 30JULY , 2020.		
Signature of a member or authorize	ed representative of a member	

Filing Fee: \$25.00