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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | gistration Sec vision of Corp | | | · |
|---------------|----------------------------------|---|---|--|
| SUBJECT: | Rogers H | lolster Co., LLC | | |
| SUBJECT | | Name of Limi | ted Liability Company | |
| The enclose | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | n all correspoi | ndence concerning this matter | to the following: | |
| | | Maryann Sipkovsky | | |
| | | | Name of Person | |
| | | Rogers Holster Co., | LLC | |
| | | | Firm/Company | |
| | | 3041 Faye Road | | |
| | | | Address | |
| | | Jacksonville, FL 322 | 226 | |
| | | | City/State and Zip Code | |
| | | maryann@prezine.co | om to be used for future annual report no | tification) |
| For further | information co | oncerning this matter, please ca | · | |
| Maryanr | n Sipkovsky | y | 904 646-014 | 1 |
| | Name of | f Person | | me Telephone Number |
| Enclosed 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) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314 | STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL | orations Center Circle |

October 30, 2014

MARYANN SIPKOVSKY ROGERS HOLSTER CO, LLC 3041 RAYE ROAD JACKSONVILLE, FL 32226

SUBJECT: ROGERS HOLSTER CO., LLC

Ref. Number: L03000019291

We have received your document for ROGERS HOLSTER CO., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 014A00023268

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rogers Holster Co., LLC (Name of the Limit | ed Liability Company as it now appe (A Florida Limited Liability Company | ars on our records.) |
|---|---|--|
| The Articles of Organization for this Limited Li Florida document number L03000019291 | | |
| This amendment is submitted to amend the follow | owing: | |
| A. If amending name, enter the new name of | the limited liability company | <u>here</u> : |
| The new name must be distinguishable and end with the | words "Limited Liability Company," to | 7.14 Eve 92 |
| Enter new principal offices address, if applic | able: | <u> </u> |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | ··· | |
| (Mailing address MAY BE A POST OFFICE. | <u></u> | |
| B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: | lice address here: | on our records, enter the name of the new |
| New Registered Office Address: | 841 Prudential Drive Su | lite 1400 |
| | | lorida street address |
| | Jacksonville City | , Florida <u>32207</u> |
| New Registered Agent's Signature, if changing I | • | Lap Cont |
| TT T I | | in annuality. I Guellan mence to commbine with the |

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| □ Add |
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| Effective date, if other than the date of filing: | (optional) |
| The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) | I cannot be more than 90 days after |
| and date time declared to the of the trional population of diate; | |
| Octobor 23 2014 | |
| October 23, 2014 | |
| Δ . | |
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| October 23, 2014 Maryann Supkowky C.Fo Signature of a member or authorized representations. | sentative of a member |

Page 3 of 3

Filing Fee: \$25.00

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