

L04,000076680

Florida Department of State
Division of Corporations
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(((H16000086063 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TWO BULLETS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO BULLETS, 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 October 21, 2004 and assigned Florida document number L04000076680

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: 6551 SE 32nd Ct., Inglis, FL 34449

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: ** P.O. Box 127, Gulf Hammock, FL 32639

(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: Robert M. Wells

New Registered Office Address: ** P.O. Box 127, Gulf Hammock, FL 32639 6551 S.E. 32nd Ct., Inglis, FL 34449 Enter Florida street address

City Florida 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.

Signature of Robert M. Wells If Changing Registered Agent, Signature of New Registered Agent

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If attending 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>	<u>Type of Action</u>
MGR	Robert M. Wells	P.O. Box 127, Gulf Hammock, FL 32639	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	William M. Wells		<input type="checkbox"/> Add
		P.O. Box 0388, St. Marks, FL 32355	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 APR 10 2016

X [Signature] X [Signature]
 Signature of a member or authorized representative of a member

Robert M. Wells and William H. Cauthen, Co-Trustees of the William M. Wells Family Trust dtd 12-6-11

 Typed or printed name of signer