## 1060000 39117

Office Use Only



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02/22/19--01010--014 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Great GUNS LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
Trease return an correspondence concerning his mader to the following.	
Israne Marshall Name of Person	
Great Guns LLC Firm/Company	
713 St Johns Avenue	
Palatica, F. 32144 City/State and Zip Code	
E-ruil address: (to be used for fature annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (QOU) 347 · 0500 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigsquare \text{\$\$30.00 Filing Fee} & \Bigsquare \text{\$\$55.00 Filing Fee} & \Bigsquare \text{\$\$60.00 Filing Fee} & \Bigsquare \text{\$\$Certificate of Status} & \Bigsquare \text{\$\$Certified Copy} & \$\$C	

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

(Name of the Limit	MS UC	, ny as it now appears on liability Company)	our records.)	
	A Florida Limited I	liability Company)		
The Articles of Organization for this Limited Lie Florida document number	ability Company 39117	were filed on 4	11/2006	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	<u></u>		
(Principal office address MUST BE A STREE)	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/oregistered agent and/or the new registered off			r records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	istane	Marshall		
New Registered Office Address:	4500	Palatka Enter Florida s	BUA_ treet address	
	Hastin	G City	Florida	32145 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.

Changing Registered Agent, Signature of New Registered Agent

ii amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bei or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Address** <u>Name</u> Type of Ac MGR 4500 Palatka Blvd Anda Walter Marshall Hustings, F1. 32145 ☐ Change Robin Tejcek MGR ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Note:	ive date, if other than the date of filing: 2.19.2019 (optifective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after. If the date inserted in this block does not meet the applicable statutory filing requirements, this sent's effective date on the Department of State's records.	tiling.) Pursu	ant to 6	05.0207
	cord specifies a delayed effective date, but not an effective time, at $12:01\ a$ 90th day after the record is filed.	a.m. on th	e ear	lier of:
Dated	2.19.19			
	Signature of a member or authorized representative of a member			
	Signature of a member of authorized representative of a member			

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Filing Fee: \$25.00