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COVER LETTER

	Registration Sec Division of Corp						
SUBJEC		AINTBALL LEC					
300,11.0		Name of Limi	ited Liability Company				
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filling.				
Please re	turn all correspoi	ndence concerning this matter	to the following:				
		ALEX DELANNOY					
			Name of Person				
			Firm/Company				
		PO BOX 900					
			Address				
		WINTER HAVEN FL 338					
		City/State and Zip Code					
		DELANNOY.ALEX@GM					
			to be used for future annual report notifi	cation)			
For furth	er information co	oncerning this matter, please co	all:				
ALEX E	DELANNOY		863 224-6915				
	Name of	Person	at () Daytime	Telephone Number			
Enclosed	l is a check for th	e following amount:					
\$25.0	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)			

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

ACTION PAINTBALL 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 $\frac{06/15/2006}{2}$ and assigned Florida document number L06000061064 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALEXANDRE GUILLAUME DELANNOY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 218 E. PINE STREET Enter new principal offices address, if applicable: LAKELAND FL 33801 (Principal office address MUST BE A STREET ADDRESS) PO BOX 900 Enter new mailing address, if applicable: WINTER HAVEN FL 33882 (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
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ctive date, if other than the	e date of filing:	(optional)	
e: If the date inserted in this b	lock does not meet the applicable statute	ing or more than 90 days after filing.) Pursuant ory filing requirements, this date will not b	to 605,0 e listeo
ument's effective date on the L	Department of State's records.		
record specifies a delaye he 90th day after the rec	d effective date, but not an effectord is filed.	ctive time, at 12:01 a.m. on the ϵ	earlie
JULY 5TH	2017		
	Alex Delan Signature of a member or authorized repres		

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Typed or printed name of signee

Filing Fee: \$25.00