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B. BOSTICK
JUL 17 2012
EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Sheep - No. FIRE ARMS TRAINING, 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: |
| Richard Agulae Name of Person |
| Abyos of Asulaa DA Firm/Company |
| 914 Bree De Loar Blud # 310 |
| Congl Gables, TL 33/34 |
| RA QHALDAS, 10£ |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Reland Aculm at 335, 4444-2500 |
| Name of Person at (305) 4444-3500 The Property of the Number of Person Area Code & Daytime Telephone Number of Position Property of Proper |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & C |

MAILING ADDRESS:

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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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>2.07000/1/5343</u> 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 end with 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) 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: Florida __

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I have by confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

: 1

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** FRANK Abay ☐ Add Remove ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessality)). Dated Signature of a menther or authorized representative of a member SOMOSA Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00