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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: <u>Centurion Tactical LLC.</u> (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:
Jonathan Williams (Name of Person)
Centurion Tactical LLC, (Firm/Company)
1630 Old Bandridge how Unit-A
Tallahustre, FL 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
Tonethn Williams (Name of Person) at (850) 272-3084 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

Centurian Tact (Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number 680000 43568	ompany were filed on 12-20-08 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS ADDRES	1630 old bun Doulge Road unit-18 ESS) Tallannessee PC 32303
Enter new mailing address, if applicable:	1630 old bon Briling Read united
(Mailing address MAY BE A POST OFFICE BOX)	1630 old bon Brilise Read united
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the new
•	
Name of New Registered Agent:	S 2 7 0
New Registered Office Address:	(Enter Florida street address)
	, Florida
	(City) (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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>n 61m</u>	BISBEE, CHARLE	Address FLUS count conc Augmen, PC &2448	Add Remove
Morm	CABRERY, GABRI	EL 2145 count con Munpon, FG 32448	Add Remove
			Add Remove
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D. If amend	1	ge(s) here: (Attach additional sheets, if necessa	
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		Cofferte Records are	
CLM	1 Mike Bowin Gesth	ion are No other Member	of this
	1 111.47		Mike Bowling CFO
	D-19	-08 ~	
Dated	Signature of a member	r or authorized representative of a member	
-	V	c or printed name of signee	
		Page 2 of 2	

Page 2 of 2

Filing Fee: \$25.00