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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date	3/1/17 ACC	CT. I20160000072	- 4:0	WC.
Name:	Ballist	ic Advantag	e 16C-	7
Document #:			- , - - - -	
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COVER LETTER

Division of Co			
Out to tel com	dvantage, LLC		
Sobset.	Name of Lim	ited Liability Company	No. of the contract of the con
	Amendment and fee(s) are sub	•	
	Lisa R. Samblanet		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Ice Miller LLP		
		Firm/Company	
	250 West Street - Suite 70	0	
		Address	
	Columbus, Ohio 43215		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Lisa R. Samblanet - Ice	Miller LLP	614 462-1045	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

Ballistic Advantage, LLC	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number L08000072844	iability Company were filed on 07/29/2008 and assigned and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	f the limited liability company here:
BA OLDCO, LLC	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.1., C."
Enter new principal offices address, if application	able:
(Principal office address MUST BE A STREE	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, <u>enter the name of the new</u> fice address here:
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited ligbility

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending 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> Name Address **Type of Action** □ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove _ Change _□ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change

☐ Change

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