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EXAMINER

COVER LETTER

то:	, Registration Section Division of Corporations	
SUBJ	ECT: TRI STAR GUNS, LLC Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
	return all correspondence concerning this matter to the following:	
	CHRISTOPHER L. STARNES Name of Person	
	CHRISTOPHER L. STARNES Name of Person FOUR STAR TACTICAL, LLC Firm/Company	
	Suite 193, 12973 SW112 ST. Address Address	71
	MIAMI, FL. 33186 SE 3 F	
	MIAMI, FL. 33186 City/State and Zip Code Four Startactical @ GMAIL. Com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	ロフ
For fur	ther information concerning this matter, please call:	
	Name of Person at (305) 778-4471 Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□\$ 25	5.00 Filing Fee \$\ \bigcup \sum_{0.00}^{\\$50.00} \text{ Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)}	d)

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

TRI STAR O	funs, LLC
· (Name of the Limited Liability (Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LO 9000 900 54</u>	
This amendment is submitted to amend the following:	TARY OASSEE
A. If amending name, enter the new name of the limite FOUR STAR	ed liability company here: TACTICAL, LLC 22 5 s "Limited Liability Company," the designation FIEC" of the abbreviation
The new name must be distinguishable and end with the word: "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	SUITE 193, 12973 SW 112 ST. MIAMI, PC. 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SUITE 193, 12973 SW 112 ST. MIAMI, FC. 33186
B. If amending the registered agent and/or registered registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	CHRISTOPHER L. STARNES
New Registered Office Address:	UTE 193, 12973 SW 112 ST. Enter Florida street address
	MIAMI , Florida 33186 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 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>:

MGR = N	MGR = Manager MGRM = Managing Member				
Title	Name	<u>Address</u>	Type of Action		
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D. If ame	ending any other information, enter change	s) here: (Attach additional sheets, if necessary.)	l		
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Dated	NOVEMBER 36, 200	9			
					
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	Signature of a member of	r authorized representative of a member			
	CURSTOPHE	R L. STARNES			
	Typed or	printed name of signee			

Page 2 of 2

Filing Fee: \$25.00