## L09000091900

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
epecial histagetons to thing officer.

Office Use Only



100163354981

10

12/07/09--01012--007 \*\*25.00

09 DEC - 7 PM 2: 57
SECRETARY OF STATE

J. BRYAN

DEC - 8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C	Section Corporations	`			
SUBJECT:	JAX T	ACTICAL, LLC			
		nited Liability Company			
	of Amendment and fee(s) are su	·			
Barbara McBride		Barbara McBride Name of Person			
	South B	each Tax & Financial Service	ae		
South Be		Firm/Company		091 SEC	
		320 Osceola Avenue		DEC -	アニアの
		Address		-7 PI	1
Jacks		ksonville Beach, FL 32250 City/State and Zip Code		PM 2:57 OF STATE EE, FLORID	C
	E-mail address:	(to be used for future annual report notifi	cation)	ALL	
For further information	concerning this matter, please	call:			
Barbara McBride			2412533	<del>_</del>	
Name	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:	,			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IAV TACTICAL LLC

	JAX TACTICAL, LLC  Liability Company as it now appears	on our records.)	
(A)	Torida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Lial Florida document number L090000919	• • •	09/23/2009	
This amendment is submitted to amend the follow  A. If amending name, enter the new name of t	_	PH 2:5	
		5 7	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRECC)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on ou e address here:	r records, enter the name of the new	
Name of New Registered Agent:			
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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager

MGRM = Managing Member Type of Action **Title** Name Address Aaron B. Ward **MGRM** 164 Crenshaw Drive, #114 ☐ Add ✓ Remove Tallahassee, Fl 32310 Remove ☐ Add Remove □Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Larry Holt Typed or printed name of signee