L11000026436

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



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05/31/11--01006--022 **25.00

SECRETARY OF SHIEN DIVISION OF CORPORATION

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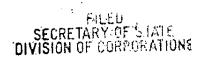
COVER LETTER

TO: Registration Sec Division of Corp		V	uko e		
SUBJECT.	Firearm and Ou	utdoor Superstore LLC			
SUBJECT:		ited Liability Company			
	mendment and fee(s) are subdence concerning this matter	-			
		Ryan G Thomas			
		Name of Person			
Firearm and Outdoor Superstore					
		Firm/Company			
	1319 Brahma Dr				
		Address	 		
		Valrico, FL, 33594			
		City/State and Zip Code			
	E-mail address: (1	superstore@ymail.com to be used for future annual report notifications	ation)		
For further information cor	ncerning this matter, please c	·	•		
Ryan Name of I	G Thomas	at (813) 7	89-9868 Telephone Number		
Enclosed is a check for the ✓ \$25.00 Filing Fee	following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	G ADDRESS: ion Section	STREET/COURIE Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



TT MAY 31 PM 2+ 00

Firearm and Outdoo	r Superstore	LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>v as it now appear:</u> ability Company)	s on our records.	
•	J 1 J,	· •	
The Articles of Organization for this Limited Liability Company	were filed on	3/3/2011	and assigned
Florida document numberL11000026436			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	:	
Lincoln Tacti	cal LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compar	ny," the designation "I	LLC" or the abbreviation
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 offi registered agent and/or the new registered office address here		ur records, <u>enter t</u>	he 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amen		e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATION
Dated	MAY 25th, 20	24.	76
	Signature of a member	or authorized representative of a member	**************************************
	R	lyan G Thomas	

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Filing Fee: \$25.00