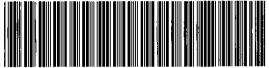
(Requestor's Name)	
(Address)	400207564
(Address)	100207001
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/13/110101200
(Business Entity Name)	
(Document Number)	
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EXAMINER



964

**25.00

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	Danger C	lose Tactical LLC	
SOBJEC1:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Joseph Gray	
	Dar	nger Close Tactical LLC	
		Firm/Company	4
		135 Artemis Blvd	
	Mor	ritt Island, Florida 32953	
	IVICI	City/State and Zip Code	
	Dange	rCloseTactical@gmail.com to be used for future annual report notific	ation)
For further information	concerning this matter, please of	•	
· · · · · · · · · · · · · · · · · · ·	oseph Gray	at (234-1067
Name	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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	LING ADDRESS:	STREET/COURIE Registration Section	
P.O. E	on of Corporations Box 6327 Bassee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cen	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iger Close ractical LLC	re on our records)		
(A l	Liability Company as it now appear Florida Limited Liability Company)	is on our records.		
The Articles of Organization for this Limited Lia Florida document numberL110000340	· · ·	3/21/2011	and ass	igned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	eov.			
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter</u>	the name o	f the new
Name of New Registered Agent:				*copin
New Registered Office Address:	En	ter Florida street adå		PARAMETER STATE OF THE STATE OF
		, Florida	PH 3	
	City		最望ip Go de	
New Registered Agent's Signature, if changing Re	egistered Agent	•	<u> </u>	

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Sharon R Gray	135 Artemis Blvd Merritt Island, Fl 32953	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
			_
			_
Dated	Joseph 1	11	
		ber or authorized representative of a member Seph R Gray ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00