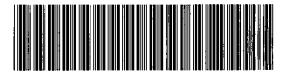
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: 2) Guns. Com Name of Limit	LCC led Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Antor	nio Incante		
	2061	SNS. COM, LLC Firm/Company	ZEGRE ALLIAN	-
	12700	SW 146 Ter	H SEP 23 M	
	Miam	Ni FL 3318() City/State and Zip Code		S
	Antonio I	o be used for future annual report notificat	Com_ ion)	
For further information c	concerning this matter, please co	all:		
Antonio Name o	Inconte	at (<u>305)</u> 298 35 Area Code & Daytime To	clephone 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 Fee, 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

2 UGUN	S.COM, U	<u>C</u>			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Compan	y)	records.)		
The Articles of Organization for this Limited Liability	• •	04/15	2011	and assign	ned
Florida document number <u>L11000045019</u>	4				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	nited liability company	<u>here</u> :		K das III	7
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Con	npany," the de	esignation "&	or the abb	TI O
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD.	RESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our recor	ds, <u>enter th</u>	e name of	the nev
Name of New Registered Agent:		,		 -	
New Registered Office Address:					
4		Enter Florid	a street addr	ess	
	, Florida				<u></u>
	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 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 <u>Name</u> <u>Address</u> Wilfredo Alvarado 12766 SW 146 Ter MGRM Add Reme Remove Miami FC 33186 □ Add □ Remove ☐ Add □ Remove 🗖 Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (Manager) <u>businesš.</u> Dated September Signature of a member or authorized representative of a member Sonio Infante
Typed or printed name of signee MONIO

Page 2 of 2

Filing Fee: \$25.00