## L11 0000 64746

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:		istration Sec ision of Corp		•	
CUDIE	OT.	Off The X	K, LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	·
The end	closed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
			ndence concerning this matter	-	
			Larry L Lock II		
				Name of Person	
			Off The X, LLC		
				Firm/Company	
			12117 Panama City	Beach Parkway	
				Address	
			Panama City Beach	, Florida 32407	
				City/State and Zip Code	/
			Narc@offthex.net	to be used for future annual report no	tification)
For furt	her in	nformation co	oncerning this matter, please c	·	,
Larry	Loc	k		850 708-790	5
		Name of	Person		ne Telephone Number
Enclose	ed is a	check for the	e following amount:		
\$25	5.00 F	iling 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)
		Registra	NG ADDRESS: ation Section of Corporations x 6327	STREET/COUR Registration Sect Division of Corpo Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Off The X, LLC							
( <u>Name of the Limited</u> (A	Liability Comp Florida Limited	any as it now appears of Liability Company)	our records.)				
The Articles of Organization for this Limited Liab	oility Compan	y were filed on 06/0	2/2011	a	and ass	igned	
This amendment is submitted to amend the follow	/ing:						
A. If amending name, enter the new name of t	he limited lia	bility company here:	:				
Off The X Tactical, LLC							
The new name must be distinguishable and end with the wo	ords "Limited Lia	bility Company," the des	ignation "LLC" or the a	abbrevi	ation "I	L.L.C."	_
Enter new principal offices address, if applicab	ole:	NIA					
(Principal office address MUST BE A STREET	ADDRESS)		- 	<u> </u>			
			r :		15		v
Enter new mailing address, if applicable:		N 10	3		APR -	Carriera a	~~
	AT.	4[10]		<u> </u>		<u> </u>	_ :
(Mailing address MAY BE A POST OFFICE BO	<u>()X)</u>		i i	<u> </u>	A 10	Estante Estante	— <b>?</b>
B. If amending the registered agent and/or	· registered a	office address on o	ur records enter	2/62	57	of the	—
registered agent and/or the new registered office			ar records, <u>enter</u> :	rine i	Hante	or the	псу
Name of New Registered Agent:	NIA						_
New Registered Office Address:							
•		Enter Florida	street address				_
			, Florida				_
		City		Ziţ	o 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		AIN	Add
			□ Remove
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	he date of filing:	(optional) be more than 90 days after
he date this document is filed by the		(optional) be more than 90 days after
ne date this document is filed by the	Florida Department of State)  2015  Low F fork 18	
ffective date, if other than the effective date must be specific, can the date this document is filed by the lated April 1  Larry L Lock II	Florida Department of State)	

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Filing Fee: \$25.00

SECRETARY OF STARB