

L11 000064598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

n BRUCE
AUG 07 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATRICK Ledford Enterprises LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy P Ledford
Name of Person
PATRICK Ledford Enterprises LLC
Firm/Company
32164 SW-203rd CT
Address
Homestead, FL 33030
City/State and Zip Code
USA Gun Store@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy P Ledford at (305) 345-2469
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 JUL 26 PM 1:03
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PATRICK Ledford Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 02, 2011 and assigned Florida document number L11000064598.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

32164 SW 203rd CT
Homestead, FL 33030

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32164 SW 203rd CT
Homestead, FL 33030

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Troy P Ledford

New Registered Office Address:

32164 SW 203rd CT
Enter Florida street address
Homestead, Florida
City

FILED
2011 JUL 26 PM 1:10
CLERK OF CIRCUIT COURT
33030
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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>pres</u>	<u>Troy P Lefort</u>	<u>32164 SW 203rd CT</u>	<input checked="" type="checkbox"/> Add
		<u>Homestead, FL 33030</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>William P Lefort</u>	<u>29380 SW 187 Ave</u>	<input type="checkbox"/> Add
		<u>Homestead, FL 33030</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>RA</u>	<u>South Florid TAX</u>	<u>5001 S University Dr</u>	<input type="checkbox"/> Add
	<u>SCOTT E ITKIN</u>	<u>Suite B</u>	<input checked="" type="checkbox"/> Remove
		<u>DAVIE, FL 33328</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Stamp: 2021 JUL 26 PM 1:03

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JUL 26 PM 1:03
TALLAHASSEE

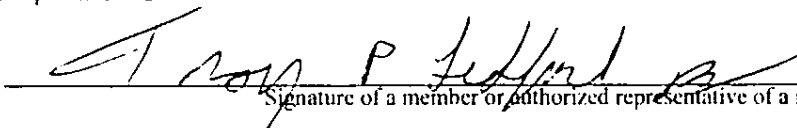
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7-22, 2021.


Signature of a member or authorized representative of a member

TROY P LEDFORD
Typed or printed name of signee