L110000 75918

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COVER LETTER

TO: Registration Division of C	i Section Corporations	•	
LDGT.I SUBJECT:			
30031.01.		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Glenn Jones		
		Name of Person	
	f.DGT,lle		
		Firm Company	
	9420 NW 13th Street		
	···	Address	
	Gainesville, Fl 32653		
		City/State and Zip Code	
	accounting@lawfuldefense.c	com o be used for future annual report notil	(cution)
For further information	on concerning this matter, please ca		
Glenn Jones		352 538-1206	
Nan	ne of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check to	or the 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, Ft. 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

LDGT,lle		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L11000075918}{L11000075918}$.	were filed on 06/29/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C"
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		N -8 PM
(Mailing address MAY BE A POST OFFICE BOX)		f §
		23 g
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, <u>enter</u> <u>re</u> :	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Arcet address	
	, Florida	Zin 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>	Type of Action
AMBR	Shane B Nobles	9420 NW 13TH STGAINESVILLI	
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	05/23/2018			
fective date, if other than the or effective date is listed, the date m	e date of filing:	(unate of filing or more than 90 days	optional) after filing.) Pursuant to 6	05.03
ote: If the date inserted in this locument's effective date on the	lock does not meet the applicable	statutory filing requirements.	this date will not be li	isted
	•			
	d effective date, but not a	n effective time, at 12:0)1 a.m. on the ear	lier
The 90th day after the re	tora is mea.			
tted	2018			
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