L1100011394

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COVER LETTER

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TO: Registration Secti Division of Corpo			
SUBJECT: Superior P	recision Rifles, LLC		
Sebucer.	Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Ryan Newsome		
		Name of Person	
	Superior Precision Ri	fles, LLC	
		Firm/Company	.
	83 Cara Trail		
		Address	
	Crawfordville, FL 323	27	
		City/State and Zip Code	
	ryan@superiorprecision		
	E-mail address: (fo	be used for future annual report notificat	10 n)
For further information con-	cerning this matter, please cal	l;	
Ryan Newsome		850 321-4845	
Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee Money Order Enclosed	□ \$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



SUPERIOR PRECISION RIFLES, 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 Com	npany were filed on Oct	ober 13, 2011	_ and assigned
Florida document number L11000117394			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
		· 	
Endown War allow 16 and Park			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register		our records, enter th	e name of the nev
registered agent and/or the new registered office address	ss here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an			

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin Hough	101 Mill Hollow Drive	■ Add
		Crawfordville, FL 32327	Remove
			☐ Remove
			□ Add
			☐ Remove
			□ Remove
			□ Remove
			□ Add
			□ Remove

If amending any other information, enter change(s) here: (Attach o	
	·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State) February 19 2015	(optional) annot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State) February 19 2015	(optional) annot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00