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SEURCHARY OF STATE

COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT 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: Firm/Company AMBKAOGMALL.COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

2\$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

PBC Distressed	Assets 11,	J. P. P.
(Name of the Limited Liab	cida Limited Liability Company)	our records.
(Arioi	to a Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned
	75626	
This amendment is submitted to amend the following	g:	7 ., ~
A. If amending name, enter the new name of the	limited liability company here:	
Gun Mag Warehouse	. 117	
The new name must be distinguishable and end with the		the designation "LLC" or the abbreviation
"L.L.C."		-
Enter new principal offices address, if applicable	<u>-</u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
	<u> </u>	
B. If amending the registered agent and/or re	egistered office address on our i	records, enter the name of the new
registered agent and/or the new registered office i	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
Trom Registered Office Address.	Enter F	lorida street address
		Florida
_	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			
			Add
			Remove
		Add	
			Remove
			Add
			Remove
			Add
			Remove

D. Ļfai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Dated _	4/6/13
	Signature of a member of authorized representative of a member
	Michael Cambre, Typed or printed name of signee

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Filing Fee: \$25.00