

L12000090060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

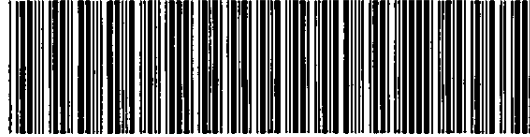
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

NOV 12 2015

U.S. DISTRICT COURT

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NAPLES GUN RANGE & EMPORIUM 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:

PHILIP Stan Hart  
Name of Person

NAPLES GUN RANGE & EMPORIUM LLC  
Firm/Company

2277 TRADE CENTER WAY  
Address

NAPLES, FLORIDA 34109  
City/State and Zip Code

mmakara@makara-assoc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK MAKARA 239 384-9688  
Name of Person at ( ) 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Naples Cove Ranch Emporium 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 JULY 11, 2012 and assigned  
Florida document number L12000090060.

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:**

5044 KENSINGTON HIGH ST

**(Principal office address MUST BE A STREET ADDRESS)**

NAPLES, FLORIDA 34105

**Enter new mailing address, if applicable:**

2277 TRADE CENTER WAY

**(Mailing address MAY BE A POST OFFICE BOX)**

NAPLES, FLORIDA 34109

**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:

New Registered Office Address:

2277 TRADE CENTER WAY

*Enter Florida street address*

NAPLES

, Florida

34109

*City*

*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>
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15 NOV - 9 PM 12:42  
 OFFICE OF SMALL  
 BUSINESS DEVELOPMENT  
 TALLAHASSEE, FLORIDA

15 NOV -9 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV -9 PM 12:42  
FEDERAL BUREAU OF INVESTIGATION  
TALLAHASSEE, FLORIDA

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**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.

Dated 11-4-15, \_\_\_\_\_

Philippe Steerlaix  
Signature of a member or authorized representative of a member

PHILIPPA STANTON  
Typed or printed name of signee