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J. LEGGETT MAR 2 3 2018

COVER LETTER

,	POINT BLA	NK RANGE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Taher Shriteh		
			Name of Person	
			Firm/Company	
		2231 Tamiami Trail		
			Address	
		Port Charlotte, FL 33948		
			City/State and Zip Code	
		tshriteh@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	iformation co	oncerning this matter, please ca	all:	
Taher Shrite			941 204-0404 at () Area Code Davtim	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
⊠ \$25.00 F	iling 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

TO:

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

POINT BLANK RANGE LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
Florida document number L12000116917	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
POINT BLANK GUNS & RANGE LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	200.	8
Principal office address MUST BE A STREET ADDRE	233)	
		
		,\>
Enter new mailing address, if applicable:		P:
(Mailing address MAY BE A POST OFFICE BOX)		
		· w
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addre	-	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	esner r tortaa sireet adaress	
	, Flori	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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	3/19/18 T.S.
fect	ive date, if other than the date of filing: 3/9/2018 (optional)
	fective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
ocun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	your day after the record is med.
	MARCH 9 2018
ated	<u> </u>
ated	
ated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00