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COVER LETTER

TO:

Registration Section
Division of Corporations

TACTICAL SOLUTIONS OF MIAMI 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:

MICHAEL T BARTKEWICZ

Name of Person

Firm/Company

2927 LOUISE ST

Address

MIAMI, FL. 33133

City/State and Zip Code

snakeyes42@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL T BARTKEWICZ

786 521-9396

Name of Person

Area Code & Daytime Telephone Number-

Enclosed is a check for 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, 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

TACTICAL SOLUTIONS OF MIAMI 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 01/04/2013	and assigned
Florida document number L13000003063		00T 2
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		C03 75 77 70 10 10 10 10 10 10 10 10 10 10 10 10 10
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designa	ation "EEC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	794 West HinLeah, T	84th Ave -L. 33014
Enter new mailing address, if applicable:	7928 EAST	DR. #1803
(Mailing address MAY BE A POST OFFICE BOX)	NORTH BAY 33141	Village, Fl
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flor	
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** 794 WEST 84 STREET **OSVALDO PRADERE MGRM** HIALEAH, FL. 33014 **✓** Remove Remove Add Remove S C/I Remove Remove Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
·	
Dated OCTOBER 23	2013
Signature	e of a member or authorized representative of a member
MICHAEL T BART	KEWICZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00