11300015150

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(<u>B</u> u	usiness Entity Nar	ne)		
·	•	,		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



600245753536

03/12/13--01014--019 4#30.00

2010 MAR 18 PH 4: 29
SECRETARY OF STATE

MAR 1 9 2013 D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Bravo Tactical Solutions, 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:

Bryan Berkman

Name of Person

Bravo Tactical Solutions, LLC

Firm/Company

2680 Lakeway

Address

Cooper city, FL. 33026

City/State and Zip Code

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

For further information concerning this matter, please call:

Fanny Henao

561₄₅₅₋₁₀₂₈

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ S25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

□S55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐S60.00 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

Bravo Tactical Solutions, LLC			
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records la Limited Liability Company)	<u>.</u>)	
The Articles of Organization for this Limited Liability	y Company were filed on 01/30/2013	and assigned	
Florida document number L13000015150	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the	words "Limited Liability Company," the designati	on "LLC" or the abbreviation	
'L.L.C."		2013	
Enter new principal offices address, if applicable:		FT 65 _ 6 0	
(Principal office address MUST BE A STREET AD	DRESS)	20 20 12 12 12 12 12 12 12 12 12 12 12 12 12	
		%% ∞	
	•	PR 4:	
Enter new mailing address, if applicable:		15 F. 77	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ter the name of the new	
registered agent and/or the new registered office a	udress nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		la	
	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, <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

<u>Title</u>	Name	Address	Type of Action
MGRM	Berkman, Luis	5298 Vernon Lake Dr	Add
		Dunwoody, GA 30338	_ Remove
			-
48-44-11			Add
			Remove
			Add
			Remove
	***************************************	Ţ.	Add
		A H	
		SS: (n- (n-	S Po Addy
			Remove
			Add
			Remove

D. If amending any other information	n, enter change(s) here: (Attach additional s.	heets, if necessary.)
Dated March 11	2013	
Man		SIGN HEREI
	nure a member or authorized representative of a	member
Bryah Berkman	Typed or printed name of signee	
	i vucu oi bilined fiame of signee	

Page 3 of 3

Filing Fee: \$25.00

2018 MAR 18 PM 4: 29