

L13 000015619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

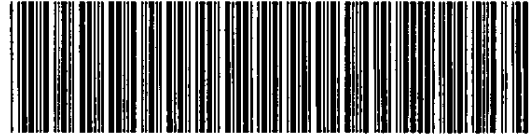
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200247488552

05/03/13--01027--014 **60.00

2013 MAY -3 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY - 6 2013

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J. Elwood Enterprises, 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:

John Elwood
Name of Person

Firm/Company
4156 Central Sarasota Pkwy., #813
Address
Sarasota, FL 34238
City/State and Zip Code

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

For further information concerning this matter, please call:

John Elwood at **941 232-1994**
Name of Person Area Code & Daytime Telephone Number

2013 MAY -3 PM 1:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

J. Elwood Enterprises, 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 Jan. 30, 2013 and assigned Florida document number L13000015619.

2013 MAY -30 PM 1:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dark Horse Tactical, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4156 Central Sarasota Pkwy., #813

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34238

Enter new mailing address, if applicable:

4156 Central Sarasota Pkwy., #813

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34238

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:

4156 Central Sarasota Pkwy., #813

Enter Florida street address

Sarasota

, Florida 34238

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Elwood	Change address only.	<input type="checkbox"/> Add
		See Section D. below.	<input type="checkbox"/> Remove
MGRM	Jami Elwood	Change address only.	<input type="checkbox"/> Add
		See Section D. below.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2013 MAY 13 PM 11:17
 FILED

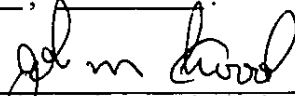
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change address for BOTH managing members to:

4156 Central Sarasota Pkwy., #813

Sarasota, FL 34238

Dated **April 1**, **2013**



Signature of a member or authorized representative of a member

John Elwood

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 MAY -3 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED