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CONSTARY OF STATE
HASSEE, FLORIDA

MAR 2 3 2016

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COVER LETTER

TO: Registration S Division of Co			
BroadRazo	or LLC		•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Robert F. Beckmann		
		Name of Person	
	Blue-Grace Logistics LLC		
		Firm/Company	
	2846 S. Falkenburg Rd.		
	***	Address	
	Riverview, FL 33578		
	rbeckmann@bluegracegrou	City/State and Zip Code p.com	
	E-mail address: (to be used for future annual report notifica	ation)
For further information	concerning this matter, please ca	all:	
Robert F. Beckmann		941 228-6077 at ()	
Name	of Person	Area Code Daytime T	Celephone Number
Enclosed is a check for t	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

TO ARTICLES OF ORGANIZATION OF

BROAD	RAZOR LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 20, 2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Fighter Warehouse LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1345 W. Gray Street		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33606		
Enter new mailing address, if applicable:	5639 Spanish Point Court		
(Mailing address MAY BE A POST OFFICE BOX)	Palmetto, FL 34221-1303		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name of the n	
New Registered Office Address:	Enter Florida street address		
	, Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
		-	
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E. Effec	tive date, if other than the date of filir	ng:	(optiona	d)
(If an e	ffective date is listed, the date must be specific ar	nd cannot be prior to date of filing or	more than 90 days after fili	ng.) Pursuant to 605.0207 (3)(b)
Note:	If the date inserted in this block does not nent's effective date on the Department of	meet the applicable statutory to	ling requirements, this da	te will not be listed as the
docui	nem's effective date on the Department of	State's records.		
If the re	ecord specifies a delayed effective	date, but not an effective	e time, at 12:01 a.m	n. on the earlier of:
(b) The	e 90th day after the record is filed	•		
Dated	March 8	2016		
Date		• • • • • • • • • • • • • • • • • • • •		
	Signature of a	member or authorized representat	ive of a member	
	Signature of t	. Member of damerized representati		ess want
	Robert F. Beckmann, Member			
		Typed or printed name of signee		
		- 3 pea or printed famile of signee		22
				` 466
		Page 3 of 3	, u	A 10: 39
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		Filing Fee: \$25.00	22.5	á w
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