13000048669

(Re	questor's Name)	-
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(Cit	y/State/Zip/Phone	÷#)
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J. SAULSBERRY EXAMINER APR 9 2013

COVER LETTER

SUBJECT: GUN	7-BE-GONE Name of Limited Liability Company
- The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
	ndence concerning this matter to the following:
	JOSHUA ADKINS Name of Person
	Firm/Company
	201 E. 25 TH ST. #L145
	LYNN HAVEN, FL 32444 City/State and Zip Code ioshuaadhins 25520@40100.com
	JOSHUA Addins 25520 QUANOO COMO &
or further information co	oncerning this matter, please call:
	1 1/A/(S/1007E/2) 000 202-709/) 00 N

* Enclosed is a check for the following amount:

\$25.00 Filing Fee DAYABLE TO: FLORIDA DEDT. OF STATE

□\$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

GUM-BE-GONE LL		
(Name of the Limited Liability Com (A Florida Limite	i <mark>pany as it now appears on ou</mark> ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/3000048669</u>	any were filed on	3/2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		7
		SSE -8
Enter new mailing address, if applicable:		TO TO
(Mailing address MAY BE A POST OFFICE BOX)		TO 70
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	office address on our rec here:	ords, enter the name of the new
Name of New Registered Agent:	······································	
New Registered Office Address:		
•	Enter Flor	ida street address
		_, Florida
	City	Zip Code
New Designand Agent's Cignotium if shanning Designand Age		

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 = M	lanaging Member		
Title '	Name	Address	Type of Action
MGR	JOSHUAJ. ADKINS	201 E. 25TH ST., #L145	X Add
		LYNN HAVEN, FL 324	M/ Remove
MGR	ANTHONY D. VANSCO	DOTER	🔀 Add
		201 E. 25 TH ST, # LIYE	
		LYNN HAVEN, FL 3245	14
			Add
			Remove
		<u> </u>	2013 APAG
			6 F
			FSTATE 42
			Add
			Remove
			_
			[] Add
			Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	PLEASE ADD OUR EIN 46-2441789.
ited	April 04 , 2013.
	Signature of a member or authorized representative of a member TOSHUA ALKINS Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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