## L 17 0000 56839

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



900252720499

10/11/13--01006--005 \*\*25.00



J. Shivere OCT 1.4 2013.

## **COVER LETTER**

|                 | stration Section<br>ion of Corporations   |
|-----------------|---|
| SUBJECT:        | Lotus Gunworks/Naples LLC.  |
| Sendeel.        | Name of Limited Liability Company   |
|                 |   |
| The enclosed    | Articles of Amendment and fee(s) are submitted for filing.  |
| Please return a | all correspondence concerning this matter to the following:   |
|                 | C. Rob Marcum.  |
|                 | Lotus Gunworks/Naples LLC.  |
|                 | Firm/Company  |
|                 | POBOX 436925  |
|                 | Address   |
|                 | Louisville, Ky 40253.   |
|                 | City/State and Zip Code  dodda 117 6 acl, com.  E-mail address: (to be used for future annual report notification)  |
| For further inf | ormation concerning this matter, please call:   |
|                 | Cholo Marcim at (507) 245-6631  Area Code & Daytime Telephone Number  |
|                 | Name of Person Area Code & Daytime Telephone Number   |
| Enclosed is a   | theck for the following amount: $3$   |
| \$25,00 Fili    | ng Fee \$\sum \\$30.00 \text{ Filing Fee & Certificate of Status } \sum \\$55.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \sum \\$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

| (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 April 18, 2013 and assign Florida document number 13000056839. |  |  |  |  |
| This amendment is submitted to amend the following:  |  |  |  |  |
| A. If amending name, enter the new name of the limited   | l liability company here:  |  |  |  |
| The new name must be distinguishable and end with the words "L.L.C."   | "Limited Liability Company," the designation "LLC" or the abbrev |  |  |  |
| Enter new principal offices address, if applicable:  | NA   |  |  |  |
| (Principal office address MUST BE A STREET ADDRES.   | <u></u>  |  |  |  |
|  | Mys —  |  |  |  |
| Enter new mailing address, if applicable:  | v/A. ≥ 3   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |  |  |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address                               | ed office address on our records, enter the name of the s here:  |  |  |  |
| Name of New Registered Agent:  | W/A.   |  |  |  |
| New Registered Office Address:   | Enter Florida street address                                     |  |  |  |
|  | , Florida  |  |  |  |
|  | 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 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>                          | <u>Name</u>      | <u>Address</u>                                     | Type of Action   |
|---------------------------------------|------------------|--|------------------|
| mGRm                                  | Charles R Marcum | 3280 Rum Row                                       | Add              |
|                                       |                  | Naples, FL 34102                                   | Remove           |
| m GPm                                 | Paul Inglese     | 14538 Indigo Lakes<br>Naples, FL 34119             | Circ Add  Remove |
| <del></del>                           |                  |  |                  |
|                                       |                  |  | Remove           |
|                                       |                  |  | Addry            |
|                                       |                  | (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Remove           |
| · · · · · · · · · · · · · · · · · · · |                  |  | Add              |
|                                       |                  |  | Remove           |
|                                       |                  |  |                  |
|                                       |                  |  | Remove           |

| ameno | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |  |  |
|-------|--|--|--|
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       | 10.7.13  |  |  |
|       | C. Rot marlin  |  |  |
|       | Signature of a member or authorized representative of a member  Charles Robert Marcim          |  |  |
|       | Charles Robert Marcim  |  |  |
|       | Typed or printed name of signee  |  |  |

Page 3 of 3

Filing Fee: \$25.00

13 0CT 11 KH 10: 23