## L13000060964

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## **COVER LETTER**

	distration Servision of Cor			
SUBJECT:		rearms, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David P. Bello		
			Name of Person	
		Article II Firearms, LLC		
			Firm/Company	
		25430 NW 8th Lane Suite	100	
			Address	
		Newberry, FL 32669		
			City/State and Zip Code	the latest the same and the sam
		david@articleIIfirearms.com	n to be used for future annual report notifi	4:
			·	cauonj
For further in	ntormation co	oncerning this matter, please ca	all:	
David P. Bel	llo		352 474-6034 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

Article II Firearms, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our recida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L13000060964		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	and the second of the second o
		الله الله
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, 12
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our reco dress here:	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	David A. Bello	25430 NW 8th Lane Suite 100	Add			
		Newberry, Fl 32669	□ Remove			
			Change			
			□ Add			
			□ Remove			
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Effective	e date, if other	than the	date of 1	Ji ilina:	une 1, 20	017				option	a1)		
(If an effect	e date, if other tive date is listed, f the date inserte	the date mus	be specifi	c and can	not be pri	or to date	of filing o	r more th ling requ	an 90 day	s after fil	ng.) Purs	mant to 605 not be list	.020° ed as
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Typed or printed name of signee

Filing Fee: \$25.00