L13000072002

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SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT: Fire C	Control Group, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Articles of A	amendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	William Rich
	Name of Person
	Fire Control Group, LLC
	Firm/Company
	1157 Belmar Avenue
	Address
	Port Charlotte, FL 34
	City/State and Zip Code
	Support@fcgtactical.com E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
William Rich	1 <u>at (</u> 941) 286-0590
Name of	
Enclosed is a check for the	: following amount:
□ \$25.00 Filing Fee	■\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

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(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2013 AUG 12 AH II: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fire Control Group, 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 Co	ompany were filed on 05/16/2013	and assigned
Florida document number L13000072002	٠.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	, Florid	a
	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 Title Name **Address Type of Action** Phillip Zieser 149 Topaz Drive Kissee Mills, MO 65680 Robert Rich III 1157 Belmar Ave Marm Add Port Charlotte, FI 33948 709 Julie Lane Camillia Rich Nigrm Forsyth, MO 65653 Remove

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	.
	
Dated 12 A	aust / 2013
Dated	9401
	Signature of a member or authorized representative of a member
1.	
<u>J(</u>	oshua Edward Crowell
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

28 AUG 12 MIN: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA