113000112116

(Red	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE TALL AHASSEE, FLORID

08/26/13--01007--804 **25.00

COVER LETTER

Division of Corpo			
SUBJECT: CACSON.	S Gun'S E Re Name of Limit	LOODING Supplies"	LLC"
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Steve A	Name of Person	
		Firm/Company	
	36840 Fores	thel DR	
		Address	
	Eushs	FL 32736	
	N-76	City/State and Zip Code	
	E-mail address: (t	gmal, com	on)
	cerning this matter, please ca		
Steve A CM	<u>UM</u> erson	at (<u>352)</u> 978-212 7 Area Code & Daytime Te	Zlephone Number
Enclosed is a check for 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED. 2013 AUG 26 PH 2: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Carson's Guns & Rela	ompany asit how appears on our records.) ited Liability Company)
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Com	apany were filed on 08/08/2013 and assigned
Florida document number <u>L13000112116</u>	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
SAME	
	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>
Enter new mailing address, if applicable:	SAME
(Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	
	- A - A - A - A - A - A - A - A - A - A
Name of New Registered Agent:	SAME
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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, <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 **Title** Name **Address** Type of Action Steve A Cheson 36840 Forest Del Dr MGR Fushs FL, 32736 Steve Dylan Cheson 36840 Forest Del Or MGRM Eusts FL 32736 Remove Remove Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated _	8/21/2013
	Jan Sum
	Signature of a member or authorized representative of a member
	Steve A CARSON.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED. 28 PH 2:56