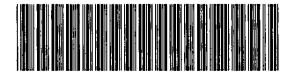
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COVER LETTER

	Registration Se Division of Cor			,	
SUBJEC		e Ammo & Gunsmithing, LLC			
SOBJEC		Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Diana Westmoreland			
			Name of Person		
		Apocalypse Ammo & Gun	smithing, LLC		
			Firm/Company		-
		2519 Monterey Street		A CONTRACTOR	3 5
			Address		4 7
		Sarasota, FL 34231			ο <u>i</u>
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		· 圣(~
		apocalypseammo@yahoo.c			· · · · · · · · · · · · · · · · · · ·
	er information o	e-mail address: (icanon)	
-Peter W	estmoreland		941 266-4966 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed	l is a check for the	he following amount:			
\$25.0	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 Sta Certified Copy (additional copy is en	tus &
		ING ADDRESS:	STREET/COURI Registration Sectio		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apocalypse Ammo & Gunsmithing, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$	0/09/2013 and assigned
Florida document number L13000143242	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	SEG.
	2E 8 F
	- E
Enter new mailing address, if applicable:	Ho H
Mailing address MAY BE A POST OFFICE BOX	HS H
3. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	orida 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	John Christian	2519 Monterey St.,	□ Add
	•	Sarasota, FL 34231	Remove
			☐ Change
			□ Remove
			Change
			Add ASSOCIATION ACCORDANCE ACCORDANCE
***************************************	<u></u>		Remove
		-	☐ Change
			Add
			□ Remove
			☐ Change
			Add
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The 9	rd specifies a d Oth day after t	he record is	filed.	but not a	n effective	time, at 12	2:01 a.n	n. on t	he ea	arlier of
ated	Detoluc.	2, 2015	,		7					
	.// `									
	Muin.	Signatu	re of a member	er or authorize	ed representativ	e of a member	 			

Page 3 of 3

Filing Fee: \$25.00