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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

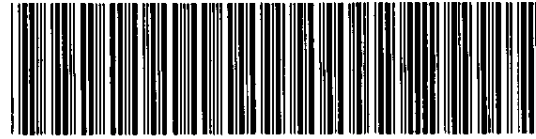
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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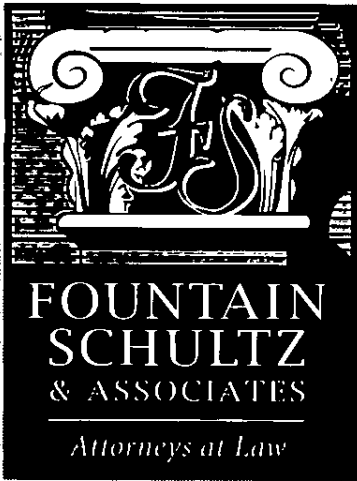


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TALLAHASSEE, FLORIDA

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November 17, 2014

VIA REGULAR US MAIL

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

KENNETH R. FOUNTAIN

KERRY ANNE SCHULTZ

SCOTT C. BRIDGFORD

RE: Rifle Solutions, L.L.C.

Dear Sir or Madam:

The enclosed Articles of Amendment to Articles of Organization are submitted for filing. Also enclosed is check # 1026 in the amount of \$25.00 for the filing fee.

Please return in self-addressed stamped envelope that is provided.

Thank you for your consideration.

Sincerely,

FOUNTAIN, SCHULTZ & ASSOCIATES, PL

Kerry Anne Schultz, Esquire

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A

NAVARRE, FLORIDA 32566

TEL: (850) 939-3535

FAX: (850) 939-3539

SANTA ROSA BEACH

TEL: (850) 622-2700

FAX: (850) 622-2722

KAS/cam

Enclosed as stated

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rifle Solutions, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kerry Anne Schultz
Name of Person
Fountain, Schultz & Associates
Firm/Company
2045 Fountain Professional Court, Suite A
Address
Navarre, FL 32566
City/State and Zip Code
kaschultz@fountainlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Anne Schultz at (**850**) **939-3535**
Name of Person Area Code Daytime Telephone 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**

Rifle Solutions L.L.C.

(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 01/16/2014 and assigned Florida document number L14000008700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Kerry Anne Schultz
New Registered Office Address: 2045 Fountain Professional Court, Suite A
Enter Florida street address
Navarre, Florida 32566
City Zip Code

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TALLAHASSEE, FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Hicks, Randall	5532 Poinsetta St.	<input type="checkbox"/> Add
		Crestview, FL 32539	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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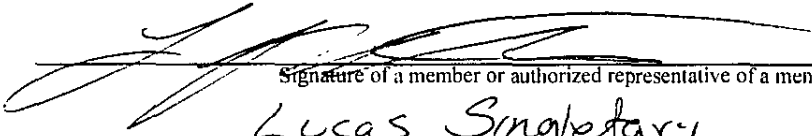
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 17, 2014.



Signature of a member or authorized representative of a member

Lucas Singleton

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA