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EFFECTIVE DATE 05/01/14

MAY TO 2016 D. BRUCE

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	HOMETOWN TA	CTICAL LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	PUNAC	RODRIGUEZ  Name of Person			
	HOMETON	VN TACTICAL LLC Firm/Company	·		
	721 5	SE 6 AVE Address			
	POMPANO	BEACH FLORIDA  City/State and Zip Code	33060		
	DANNY.RO E-mail address: (	BEACH FLORIDA  City/State and Zip Code  DRIGUEZ3@HOTMA to be used for future annual report notif	IL. COM		
For further information of	concerning this matter, please co				
DANNY R Name o	ODRIGUEZ of Person	at (954) 531 - Area Code Daytime	3453 e Telephone Number	2014 APR 28	Carrie Carrie
Enclosed is a check for the	he following amount:		;		
□ -\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Section Filing For Certificate of Sectified Copy (additional copy is	Supplies & South	22401

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

HOMETOWN TACTICAL LLC  (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company were filed onO3   31   7   6   6   6   6   6   6   6   6   6	2014 and assigned
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 "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del>, , , , , , , , , , , , , , , , , , , </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
Training autor Cas Mari BE 711 OST OF TICE BONY	
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	s, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	APR 28
, Fl	orida
City  New Registered Agent's Signature, if changing Registered Agent:	The Code: 20
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 605, being filed to merely reflect a change in the registered office address, I hereby confirm the	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

EFFECTIVE DATE 05/01/14

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	DANNY RODRIGUEZ	721 SE 6 AVE	🖪 Add
		POMPANO BEACH, FLORIDA	· 33060□ Remove
			Remove
			Add
			□ Remove
			□ Remove
			AP TO Adam See See See See See See See See See Se
			2014 APR 28 Reve 4: 20
			□ Remove

D. I	f amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		EIN: 46-5251055
	***	
•	ne cne	ve date, if other than the date of filing:
Γ	Dated _	APRIL 24, 2014.
		Signature of a member or authorized representative of a member
		DANNY RODRIGUEZ

Page 3 of 3

Filing Fee: \$25.00

