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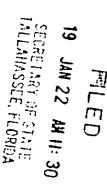
| (Requ | iestor's Name) | |
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| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Docu | ıment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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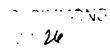
Office Use Only



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COVER LETTER

| TO: | | istration Sedision of Corp | | | |
|---------------|---------|----------------------------|--|---|---|
| en (11) (1 | ree. | Central Flor | rida Firearms, LLC | | |
| SUBJI | EC1: | | Name of Lim | ited Liability Company | |
| The en | iclosed | Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return | all correspon | ndence concerning this matter | to the following: | |
| | | | Lori Riedeman | | |
| | | | Live Free Armory | Name of Person | |
| | | | 4324 Fortune Place | Firm/Company | |
| | | | West Melbourne, Fl., 3290 | Address | |
| | | | Chris@livefreearmory.com | City/State and Zip Code | |
| | | | E-mail address: (t | to be used for future annual report notif | ication) |
| For fur | ther in | nformation co | oncerning this matter, please ca | dl: | |
| Lori R | liedem | an | | 407 891-1255 at () | |
| | • | Name of | Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a | check for th | e following amount: | | |
| ■ \$ 2 | 5.00 F | iling 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

| Central Florida Firearms, LLC | | | |
|---|---|--|------------------------------------|
| (Name of the Limit | ted Liability Compa (A Florida Limited I | iny as it now appears on our r Liability Company) | ecords.) |
| The Articles of Organization for this Limited L Florida document number 114000071846 | | were filed on | and assigned |
| This amendment is submitted to amend the foll | lowing: | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | |
| CSR Precision, LLC | | | |
| The new name must be distinguishable and contain the v | words "Limited Liabil | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | CSR Precision, LLC | |
| Principal office address MUST BE A STREE | | 4324 Fortune Place | |
| | <u></u> | West Melbourne, FL. 329 | 04 FS |
| Enter new mailing address, if applicable: | | CSR Precision, LLC | N 22 |
| Mailing address MAY BE A POST OFFICE | BOX) | 4324 Fortune Place | TO E |
| | | West Melbourne, Fl., 329 | |
| 3. If amending the registered agent and registered agent and/or the new registered o | | | cords, enter the name of the |
| Name of New Registered Agent: | Christopher A I | Riedeman | |
| New Registered Office Address: | 4324 Fortune P | | |
| | Enter Florida street address | | address |
| | West Melbourn | · | _, 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 aqueu or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
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| | | February 1, 2 | 019 | | |
| ctive date, if other the | an the date of filir | ig: | date of filing or more | (optional | il) ng 1 Pursuant to 605.03 |
| 2: If the date inserted in iment's effective date of | this block does not | meet the applicab | | | |
| ecord specifies a d | | | an effective time | e, at 12:01 a.n | n. on the earlier |
| e 90th day after th | ne record is filed | | | | |
| January 17 d | | 2019 | . • | | |
| | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00