H14 CCC 071846

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| Received 10/7/2022 |

Office Use Only



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S. CHATHAM

DIMISION DE L'ACTOR DE CONTRACTOR DE CONTRAC

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Central Florida Frearms LLC 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: |
| Colby Santaw Name of Person Live Free Armony Firm/Company 180 1 John Rocks Blvd Address Melbourne FL 32934 City/State and Zip Code Colby Clive Free armony 4 Com E-mail addless: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ashton Santaw at 407 891-1255 Name of Person at 407 Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Constituent Copy (additional copy is enclosed) Constituent Copy (additional copy is enclosed) Constituent Copy (additional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



2022 17 64 9: 57

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2022

COLBY SANTAW 680 N JOHN RODES BLVD, STE D MELBOURNE, FL 32934 US

SUBJECT: CENTRAL FLORIDA FIREARMS, LLC

Ref. Number: L14000071846

We have received your document for CENTRAL FLORIDA FIREARMS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II

Letter Number: 422A00022030

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | nd assigned |
|--|-------------------|
| The Articles of Organization for this Limited Liability Company were filed on <u>04,728,72014</u> a Florida document number <u>L.14 000071846</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: W | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat | tion "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | TOO S |
| | |
| 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, <u>enter the name of the agent and/or the new registered office address here:</u> | he new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street address | |
| , Florida, 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> | <u>Address</u> | Type of Action |
|--------------|----------------------------|---------------------|----------------|
| MER | Christopher A. Riedeman | 680 N Juhn Rodes B | SIVO □ Add |
| | Riedeman | Melbourne, FL 32934 | Sconove |
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| Effective date, if other than the date of filing: D41212022 (optional) Can effective date, if other than the date of filing: D41212022 (optional) Can effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The event specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. Dated OCHOOLY 13. 2022 Signature of a member or authorized representative of a niember Cal by Sart aw Typed or printed name of signee | | |
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