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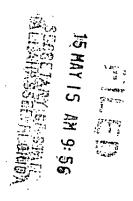
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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
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## **COVER LETTER**

O: Registration : Division of Co	Section orporations		
Get A Gr U <b>BJECT:</b>	ip Firearms LLC		
, bale 1.	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub pondence concerning this matter	_	
	Robert Raulerson		
		Name of Person	
		Firm/Company	·····
	10530 Tulsa Rd		
		Address	
	Jacksonville FL 32218		
	getagripfirearms@comcast.	City/State and Zip Code net	
	E-mail address: (	to be used for future annual report notifi	cation)
r further information	concerning this matter, please ca	all:	
obert Raulerson		904 424-8887 at ( )	
Name	of Person	Area Code Daytime	Telephone Number
nclosed 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 enclose

**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

Get A Grip Firearms LLC (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  $\frac{5/8/2014}{1}$ and assigned Florida document number L14000074992 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2177 Kingsley Ave. Suite 7 Enter new principal offices address, if applicable: Orange Park, FL (Principal office address MUST BE A STREET ADDRESS) 32073 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: New Registered Office Address: Enter Florida street address

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.

City

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 Type of Action **Address** <u>Title</u> Name □ Add

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Filing Fee: \$25.00