- (Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi _l	o/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	cer:

Office Use Only



400263479514

09/22/14--01043--001 **60.08

SEP 25 2014 J. HARRIS

COVER LETTER

TO:	Registration Section
Division	of Corporations

	Kai Tac LL	C	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submit	ted for filing.	
Please return all correspor	ndence concerning this matter to t	he following:	
	<u>T</u> }	nomas Alan Daly Name of Person	
		Kai Tac LLC	
		Firm/Company	The state of the s
		1117 Hunt Club I Address	Lane
		Valrico, FL 33:	594
		oilertom@aol.com	
For further information ∞	e-mail address: oncerning this matter, please call:	to be used for future annual repo	ort notification)
Thomas Daly		at (407) 921-3358 Area Code	
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e 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

Tad	Itical Defense LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
he Articles of Organization for this Limited Liability Company we	re filed on June 20, 2014	and assigned
lorida document number L14000098794		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
ai Tac LLC		
ne new name must be distinguishable and end with the words "Limited Liability (Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		Sister
		
		77 C 22
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u>ω 🚉 .</u>
		60
. If amending the registered agent and/or registered office a	address on our records, enter t	he name of the new
egistered agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registeral Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 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>	Address	Type of Action
			□ Remove
		•	
			
			☐ Remove
		<u></u>	
		 	
			Remove SECAL SEP
			SECRETARY OF SIAPLE SIVISION OF COMPANY OF SIAPLE S
			U Add 375 F
			<u>ක</u> ලැබ
		 	
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	·
<u></u>			□ Acid
			□ Remove

_	
_ ctiv	e date, if other than the date of filing: (optional)
effec	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
effec date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
ie effec	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00