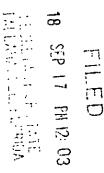
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(Requestor's Name)
(Address)
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COVER LETTER

TO:	Registration Se Division of Cor			
CUD ITA	DDK Firea			
SUBJEC	CT:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Jason Marlow		
			Name of Person	
		DDK Firearms LLC		
			Firm/Company	
		1491 Shadeville Rd		
			Address	
		Crawfordville, Florida 32.	327	
			City/State and Zip Code	
		DDKFIREARMS@Gmail.o		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Jason M	arlow		850 933.9457 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

DDK Firearms LLC			
(Name of the Limit	d Liability Compa (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Li Florida document number L14000128566	ability Company	were filed on 08/15/2014	and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the w Enter new principal offices address, if applications		lity Company," the designation "I 1491 Shadeville Road	J.L.C." or the abbreviation "L.L.C."
Principal office address MUST BE A STREE		Crawfordville, FL 32327	
			- 17
Enter new mailing address, if applicable:		1491 Shadeville Rd.	PH 12: (
Mailing address MAY BE A POST OFFICE I	BOX)	Crawfordville, FL, 32327	<u> </u>
. If amending the registered agent and/egistered agent and/or the new registered of			rds, enter the name of the
Name of New Registered Agent:	Jason Wendell		
New Registered Office Address:	1491 Shadeville Road		
· 		dress	
	Crawfordville		Florida 32327
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph Billy Pybus	2662 Surf Road	
			Add
		Panacea, FL 32346	_
			Remove
			Change
	Jason Wendell Marlow	1491 Shadeville Road	D Change
MGR	Jason Wenden Mariow	1491 Shadevine Road	■ Add
		Crawfordville, FL 32327	•
			Remove
			☐ Change
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e recc	ord specifies a d	elayed effecti	ive date, but	not an effec	ctive time, at :	12:01 a.m. oi	n the earlier
	90th day after ti				·		
, §	September 14		2018				
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	02	neh	KK	Julan.	ر		
		Y Signature	of a member or a	uthorized tenres	entative of a memb	٠,	
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Filing Fee: \$25.00