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(Req	uestor's Name)	
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations **		
CHD IPZT.	Sunshine T	actical, LLC		
SUBJECT:		Name of Lim	ited Liability Company	·
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Frank Cohen		
		***************************************	Name of Person	
		Sunshine Tactical, LLC		
		7.9.24.316	Firm/Company	
		16308 Donney Moor Lane		
			Address	
		Spring Hill, FL 34610		
			City/State and Zip Code	
		research@sunshinetacticalll E-mail address: (ic.com to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please c	·	,
Frank Cohen	1		727 4429117	
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a	check for the	ne following amount:		
■ \$25.00 F	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)
Res	ding Addres	Section	Street Address: Registration S	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
_	lahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Tactical, LLC

756 -2 M 545

(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 Comp	pany were filed on 9/29/2014	and assigned
Florida document number L14000151630		with the same of the sa
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 designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s</u> ,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		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 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
AMBR	Jason Martin	1951 Searay Shore Dr.	
		Clearwater, FL 33763	
			□ Change
			□Remove
		-	□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
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			□Change

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	1.1	1/01/2020				
ective date, if other than the effective date is listed, the date mi	e date of filing:	ost ha prior to do	to of filling or more	thun 00 days after t	nal) Sligg V Porcupat to G	ns
e: If the date inserted in this b	block does not meet:	the applicable	statutory filing re	equirements, this	date will not be li	sted a
ument's effective date on the I	Department of State	s records.				
cord specifies a delayed effecti s filed.	ve date, but not an e	ffective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day af	ter the
November 1	20	020				
ed						
ed	270/1	-				
ed	THE					
	Signature of a memb	per or authorized	1 representative of	a member		