# L5000533

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SECRETARY OF STATE

MAR 2 4 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp		•	*	
SUBJECT:	gger Happy Name of Link	1 Arms LL ited Liability Company	<u>C</u>	
	Amendment and fee(s) are sub	•		
Please return all correspor	idence concerning this matter	to the following:		
	Ashley V	Plez Name of Person		-
	Trigger +	appy Arms	LLC	-
	120B US H	Wy 17 S Address		- Tep <b>坊</b>
	Wauchula,	F1 33873 City/State and Zip Code		100mm 第 T T T T T T T T T T T T T T T T T T
	ashly@mail address:	in — Qates. (	ort notification)	SEE FLOR
For further information co	ncerning this matter, please c	all:		₩ 08
-Ashley Vele Name of	2 Person	at (863) TArea Code	73-3006 Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 F Certifica	iling Fee, ate of Status &

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trigger Nap	by Arms LLC
(Mame of the Limited Liability (A Florida L	Combany as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Conformation Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2.00
Name of New Registered Agent:	ered office address on our records, <u>enter the name of the nev</u> ess here:
New Registered Office Address:	Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AR Melissa A Thompson 3017 hawrdale St and Zolfo Springs F1 33890 Mem	AMBR = Auth	orized Member	•	
	<u>Title</u>	Name	Address	Type of Action
	AR N	Melissa A Thompson	3017 hawndale St	🗆 Add
		•	Zolfo Springs, F1 33890	_E Remove
				_
Add  Rem  TALLAND OF STAND  SSECTION  AND  Add  CREM  CONTROL  CON				_□ Add
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5. If amending any other fail influence thange(s) here. (Attach daditional sheets, if heressary.)
Damend title of authorized manager:
Ashley Velez from AP to now
read Secretary
@ Amend name of VP Brookkyn Knight
to be Spelled Brookelyn E Knight
E. Effective date, if other than the date of filing:
Dated February 27, 2015.
1 Sugar
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member  Brookely Knight VP  Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00