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K.SALY EXAMINER MAY - 3

COVER LETTER

TO:

Registration Section

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

Division of Cor	porations		waining
SUBJECT: 7ero	Tolerance que	n Safety and self	defense, UC
	Name discum	ned Liaonity Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Camille De	Name of Person	
			<u> </u>
	•	Firm/Company	
	1260 NE	200 Terrac	<u>e</u>
	Miami, F	City/State and Zip Code	. , .
	Cami Daleu E-mail address: (t	be used for future annual report notification	tion)
For further information co	ncerning this matter, please ca	ili:	
Camille Do	Ney	at (770) 866-09 Area Code Daytime Te	955 elephone Number
. 1.2200			
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 (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

2661 Executive Center Circle

Registration Section Division of Corporations

Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zero Tolerance Gun Safety & Self-Defense Training & G. C. D. R. D.

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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 □ Change _□ Add □ Remove ☐ Change

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record specifies The 90th day aff	s a delayed effect ter the record is f	ive date, but not a iled.	an effective time,	, at 12:01 a.m.	on the earlier of:
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Page 3 of 3

Filing Fee: \$25.00