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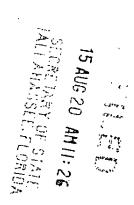
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COVER LETTER

	sters, LLC		
SUBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspondence	ondence concerning this matter	to the following:	
	Mark Fasel		
	, , , , , , , , , , , , , , , , , , , ,	Name of Person	aver blane blane i erabli d'erre ula aver i a ade
	**************************************	Firm/Company	
	4120 Malickson Drive		
		Address	
	Parrish, FL 34319		
	markfasel@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
	concerning this matter, please c		
Mark Fasel	W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-7-4-W-	941 417-9463 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
inclosed is a check for t	the 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

Alpha Holsters, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company))
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L15000127573</u>	were filed on 07/27/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
ATG Concealment LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		产
B. If amending the registered agent and/or registered off	ice address on our records,	
registered agent and/or the new registered office address here	:	#C (2)
		20
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	元 元 元
	Liner I for this street success	岩产
Manufacture of the second of t		rida 🔀
	Citv	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
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fective date, if other than an effective date is listed, the date	the date of filing must be specific and	g:to to	date of filing or m	ore than 90 days after	t ional) er filing.) Pursuant to 605.020
ote: If the date inserted in thi	is block does not r	meet the applicab	le statutory filing	g requirements, th	is date will not be listed a
ocument's effective date on the	e Department of S	State's records.			200 - C
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Filing Fee: \$25.00