

4500059884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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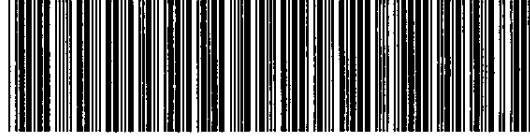
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 05 2016

D. BRICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hole in the Wall Gun Shop and Hammehides custom leather LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Hartman
Name of Person
Hole in the Wall Gun shop LLC
Firm/Company
661 Berville Rd Ste 116
Address
South Daytona, FL 32119
City/State and Zip Code
info @ Daytona gunshop.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hartman at (386) 589-5522
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hole in the wall Gun shop and hammerhides custom leather llc
(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 Company were filed on 21 Sept 2015 and assigned Florida document number L15000159884.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hole In the WALL gun shop LLC
The new name must be distinguishable and contain the words "Limited Liability 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Dean Young	1040 Pocatello court	<input type="checkbox"/> Add
		Port Orange, FL 32129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kayleigh Hartman	3626 Plantation Dr	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
JAN 15 2015
CLERK OF DISTRICT COURT
U.S. DISTRICT COURT
DISTRICT OF FLORIDA
JAN 15 2015

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2016 FEB -5 P 3:03
ST. JOHNS COUNTY
CLERK OF COURTS
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 02 Feb, 2016.

[Handwritten signature]

Michael Hartman

Typed or printed name of signee