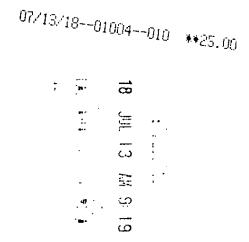
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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>USA</u>	Tactical LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David [Dvorak	
		Name of Person	
		Firm/Company	
	304 Greence	astle Ave	
	Temple Terr Javid Odvora E-mail address: (City/State and Zip Code ACpa.com to be used for future annual report notice	ication)
For further information c	oncerning this matter, please ca		
David Dy Name o	orak f Person	at (<u>727</u>) <u>330-5</u> Area Code Daytime	837 e Telephone Number
Enclosed is a check for th	ne 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

USA lactical L	LC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 01/01/2016	and	d assig	ned
Florida document number <u>L\600000770</u> .		a	38	
This amendment is submitted to amend the following:		• •	<u>ر.</u>	
A. If amending name, enter the new name of the limited liab	pility company here:		<u>_</u>	
The Silent Partner LLC			7	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abl	breviatio		<u>c."</u>
Enter new principal offices address, if applicable:	304 Greencastle Ave	43 -	20	
(Principal office address MUST BE A STREET ADDRESS)	Temple Terrace, FL 33	617		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	304 Greencastle Ave Temple Terrace, FL 3	3617		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		the na	<u>me of</u>	the new
Name of New Registered Agent: David	Greencastle Ave Enter Florida street address			
Temple	Terrace , Florida	336 Zip C	17 Tode	
	`~~·,'	,		

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 Type of Action Title Name **Address** 9033 Robin Rd DAdd Smith, Mark A MGR Seminole, FL 33777 ☐ Change 9033 Robin Rd MGR Barghart, Luanna Seminole, FL 33777 ____ Change 304 Greencaste Ave MAdd MGR Dvorak, David Temple Terrace, FL 33617 _ Remove __ Change □ Add □ Remove ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

		
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The 90th day after the record is filed.		18
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Page 3 of 3

Filing Fee: \$25.00