LIGINA THOS

| (F | Reque | stor's Name | ;) | |
|----------------------|---------|---------------|---------|-------|
| | | | | |
| | Addre | ss) | | |
| | | | | |
| | Addre | ee) | | |
| V | nuule. | 33) | | |
| | | | | |
| ((| City/S | tate/Zip/Pho | ne #) | |
| _ | | | | |
| PICK-UP | | WAIT | | MAIL |
| | | | | |
| | Busin | ess Entity Na | ame) | |
| V | | ooo Emaly M | aiiio, | |
| | | | | |
| (| Docur | nent Numbe | r) | |
| | | | | |
| Certified Copies | | Certificate | es of S | tatus |
| | | | | |
| | | | | |
| Special Instructions | to Fili | ng Officer: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600291824116

11/02/16--01004--023 **25.00

FILEU

16 NOV 28 PH 3:54

SECRETARY OF STATE
AND AHASSEE, FLORIDA

D. SCOTT NOV 2 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

JUSTINE KAREN NEIBAUER 1556 CROSSBEAM CIR CASSELBERRY, FL 32707

SUBJECT: MID-FLORIDA TACTICAL, LLC

Ref. Number: L16000007903

We have received your document for MID-FLORIDA TACTICAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not bean filed and is being returned for the following correction(s):

DOCUMENT IS ILLEGIBLE PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00023681

FILLLU

16 NOV 28 PN 3-55
SECRETARY OF STATE
TALLANIASSEE, FLORIDA

171

A 14 BB/ENDR E BNIB'ISTENSE

| TO: Registration Se Division of Cor | | | | |
|--|---|---|------------------|--------------------------------------|
| MID-FLOI | RIDA TACTICAL, LLC | | | |
| | Name of Lin | nited Liability Company | | |
| | Amendment and fee(s) are sub | - | | |
| | JUSTINE KAREN NEIBA | AUER | | |
| | | Name of Person | | - |
| | AND BUILDING PARTIES | A1,111 | | |
| | | Firm/Company | | - |
| | 1556 CROSSBEAM CIRC | CLE | | 16 NI SECRI |
| | | Address | | FILE NOV 28 PRETARY LAHASSE |
| | CASSELBERRY, FL 327 | 07 | | FILED OV 28 PM STARY OF |
| | midfloridatactical@gmail.c | City/State and Zip Code | | LOGIA STA |
| | | io he used for future annual renor notifi | cation'i | TE SS |
| For further information c | oncerning this matter, please c | all: | | |
| JUSTINE NEUBAUER | | 321 300-5660 at () | | |
| Name o | f Person | | Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Conv (additional copy is enclosed) | Certified | ie of Sixios & |
| | ration Section | Registration Section | | |
| | | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Clifton Building
Tallahassee, FL 32314
Center Circle
Tallahassee, FL 32301

COVER LETTER

| | | | ion Sect of Corpo | | | • | |
|--------------------------------|-------------|----------|----------------------|---|--|---|--------|
| SUBJEC | ¹ T∙ | MID | -FLORII | DA TACTICAL, LLC | | | |
| SUBJECT: | | | | Name of Lin | nited Liability Company | | |
| The enclo | osed | Artic | les of Ar | nendment and fee(s) are sub | omitted for filing. | | |
| Please ret | turn | all co | rrespond | ence concerning this matter | to the following: | | |
| | | | | JUSTINE KAREN NEUB | BAUER | | |
| | | | | | Name of Person | | |
| | | යා දැ | ATE ROA | MID-FLORIDA TACTIC | | | |
| | \Box | æ | | | Firm/Company | | |
| 1556 CROSSBEAM CIRCLE Address | | | | | | | |
| Ĺ | 1_ | ¥0 | I S | | Address | | |
| | | 16 | SECRE | CASSELBERRY, FL 327 | 07 | | |
| | | | <u> </u> | | City/State and Zip Code | | |
| | | | | midfloridatactical@gmail.c | | | |
| | | | | E-mail address: (| to be used for future annual repo | rt notification) | |
| or furthe | er int | forma | tion con | cerning this matter, please c | all: | | |
| USTINE | E NE | UBA | UER | | 321 300-56 | 60 | |
| | | N | lame of P | erson | | aytime Telephone Number | |
| Enclosed | is a | check | for the f | following amount: | | | |
| \$25.0 | 00 Fil | ling F | ee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | Certificate of Sta Certified Copy (additional copy is e | atus & |
| | | | | | | | |

MAILING ADDRESS:

TO:

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

MID-FLORIDA TACTICAL, 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 1/12/16 Florida document number L16000007903 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: JUSTINE K. NEUBAUER Name of New Registered Agent: 1556 CROSSBEAM CIRCLE New Registered Office Address: Enter Florida street address **CASSELBERRY**

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.

City

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> | Name | Address | Type of Action |
|--------------------|---------------------------------------|-----------------------|----------------|
| MGR | JON W. NEUBAUER | 1556 CROSSBEAM CIRCLE | □ Add |
| | | CASSELBERRY, FL 32707 | Remove |
| | | | ☐ Change |
| MGR | JUSTINE K. NEUBAUER | 1556 CROSSBEAM CIRCLE | A dd |
| | | CASSELBERRY, FL 32707 | ☐ Remove |
| | | | Change |
| | | | □ Add |
| ប ប ់ | S S S S S S S S S S S S S S S S S S S | | ☐ Remove |
| | | · | Change |
| <u>-</u> | NOV 28 | | Add |
| | SEC SEC | | ☐ Remove |
| | | | Change |
| <u></u> | | | |
| | | | Remove |
| | | | Change |
| | | 4 | Add |
| | | | ☐ Remove |
| | | | ☐ Change |

| · | | |
|---|---|--|
| | | |
| | • | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 123 5 |
| | | |
| | | |
| | , | 25 (2) 26 2 |
| | | To the second |
| | | 955 13. 55 15. 15. 15. 15. 15. 15. 15. 15. 15. 15. |
| | | 5 5 |
| | | |
| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be price: If the date inserted in this block does not meet the appliament's effective date on the Department of State's record | able statutory filing requirements, this date | Pursuant to 605. |
| • | | |
| record specifies a delayed effective date, but none 90th day after the record is filed. | at an effective time, at 12:01 a.m. o | on the earlie |
| ed OCTOBER 29 2016 | . • | |
| 0. to 17. | | |
| | orized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00