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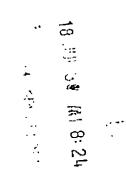
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T. CLINE AUG - 6 EXAMINER

# COVĒR LETTĒR

TO: Registration Section Division of Corporations
SUBJECT: (entral Florida Concealed Weapons, 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:
Joshua Jordan-Gant
л
Firm/Company  301 Marathen Lane  Address  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (501) (5046-499)  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution S

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

	U	'F		
Central F	Lon La ted Liability Compa	ny as it now appears on of ciability Company)	L Cocords,)	MONS/LEX
<del> </del>	(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited L Florida document number <u>L16 000</u> l	iability Company	were filed on <u>62</u>	25/2016	and assigned
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	of the limited liab			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designat	ion "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	150 Willia	im Maa	el
(Principal office address MUST BE A STREI	ET ADDRESS)	Lake I a	y, FL	32746
Enter new mailing address, if applicable:		Same		
	nosa			
(Mailing address MAY BE A POST OFFICE	<u>BÚX)</u>	<del></del>		
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	fice address on our	records, enter	the name of the new
Name of New Registered Agent:	Michae	1 Anthony	Costa	
New Registered Office Address:	150 W	Enter Florida stre	or address	· · · · · · · · · · · · · · · · · · ·
	take	Mary	, Florida	32746
		City \		Zin 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>	Name	Address	Type of Action
MOR	Jahua Jalan Gut	301 Marathon Lane	
		Sanford, FL 32771	<b>@</b> Remgyve
M6R	Michael A: Costa	R. I	Change
110M	Marue 7. Costa	150 Williams Road Lake Mary, FC 32746	Add ₹ 00 ☐ Remo\$
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