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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Borke Wright Tactical LLC DBA TACRACK 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:
Brandon Wright
Name of Person
Firm/Company
52 Tuscar Way Suite 202 #131
St. Augustine FL 32092
St. Augustine FL 32092 City/State and Zip Code 10 6 Wright shooting. com E-mail address: (to be used for litture annual report-addification)
For further information concerning this matter, please call:
Brandun Wright at (757) 725-1717 Name of Person Daytime Telephone Number
Name of Person Area Code Dayume reseptions Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number L 160000 45587 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = At	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	Brandon Wright	52 Tuscan Way	Add
		52 Tuscan Way Suite 202 # 131 St. Augustino FL 32092	Remove
		St. Augustino FL 32092	🗀 Change
AMBR	Fritz Burke	17	Add
			□ Remove
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Filing Fee: \$25.00