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COVER LETTER

	of Corporations
SUBJECT:	Bullseye Tactical, LLC Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Charles Patrick Dublin Name of Person
	B H Defense, LLC
	Charles Patrick Dublin Name of Person B H Defense, LLC Firm/Company 233 East Bay Street, Suite 615 Address Jacksonville, FL 32202 City/State and Zip Code cpdublin@bhdefense.com E-mail address: (to be used for future annual report notification)
	Address
	epdublin@bhdefense.com E-mail address: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please call:
<u>Charles</u> F	Patrick Dublin at (571) 606-2320 Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
☑ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

Bullseye Tactical	, LLC		<u>بن</u> در	当れ
(Name of the Limite	ed Liability Compa (A Florida Limited	iny as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on Ma	rch 28, 20	16 and assigned
Florida document number <u>L16000059952</u>	·			and assigned
This amendment is submitted to amend the follo	wing:			9
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREET ADDRE		6041 Atlan	tic Boulev	ard
		<u>Jacksonvil</u>	le, FL 32	211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>B<i>OX</i>)</u>			
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:	lice address her	ffice address on ou e: Patrick Dub		er the name of the new
New Registered Office Address:	233 East	Bay Street	#615	
Negatice office Address.		Enter Florida		
	Jacksonv	ille	, Florida	32202
		City		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>	Name	Address	Type of Action
AMBR_	Charles Patrick Dublin	233 East Bay Street #615	
		Jacksonville, FL 32202	□ Remove
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<u>Note:</u> If t	date, if other the ve date is listed, the the date inserted in 's effective date of	this block doe:	s not meet the	applicable sta	f filing or more the attory filing rec	(optional option (option	onal) filing.) Pursuan date will not	n to 605.0207 be listed as
	d specifies a d Oth day after t			out not an e	fective time	, at 12:01 a	i.m. on the	earlier of
Dated	October :	10	2	017				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00