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| (Re                     | equestor's Name)   |             |  |  |  |
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| PICK-UP                 | ☐ WAIT             | MAIL.       |  |  |  |
| (Bu                     | usiness Entity Nan | ne)         |  |  |  |
| (Document Number)       |                    |             |  |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |  |
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#### **COVER LETTER**

| Division of Cor            | porations                                    |   |  |
|----------------------------|--|---|--|
| My Tactical                | l Store                                      |   |  |
|                            | Name of Limit                                | ted Liability Company   | <del></del>  |
|                            |  |   |  |
| The enclosed Articles of   | Amendment and fee(s) are subn                | nitted for filing.  |  |
| Please return all correspo | ndence concerning this matter to             | o the following:  |  |
|                            | Christopher M Hanse                          |   |  |
|                            |  | Name of Person  |  |
|                            | My Tactical Store, LLC                       |   |  |
|                            |  | Firm/Company  |  |
|                            | 4815 Chicago St.                             |   |  |
|                            |  | Address   |  |
|                            | Cocoa, Fl 32927                              |   |  |
|                            |  | City/State and Zip Code   | <del></del>  |
|                            | chris@mytacticalstore.com                    | o he used for future annual report notific                          | cation)  |
| For further information c  | oncerning this matter, please ca             |   | ,  |
| Christopher Hanse          | ,,   | 570 2699885   |  |
| Name o                     | of Person                                    | at ()   | Telephone Number   |
| England is a shoot for t   | he following amount:                         |   |  |
| Enclosed is a check for t  |  | F \$55.00 Eiling Foe R  | □ \$60.00 Filing Fee,  |
| \$25.00 Filing Fee         | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
|                            |  |   |  |

#### MAILING ADDRESS:

Registration Section

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

### TO **ARTICLES OF ORGANIZATION OF**

| My Tactical Store, LLC   |   |                                    |
|--|---|------------------------------------|
| (Name of the Limited Liab<br>(A Flori  | ility Company as it now appears on our r<br>da Limited Liability Company) | ecords,)                           |
| The Articles of Organization for this Limited Liability Florida document number L16000114815 | Company were filed on 6/14/16   | and assigned                       |
| This amendment is submitted to amend the following:  |   |                                    |
| A. If amending name, enter the new name of the lin   | mited liability company here:   |                                    |
| he new name must be distinguishable and contain the words "Li                                | imited 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 ADD  | <u> </u>  |                                    |
|  |   | 6 AU6                              |
| nter new mailing address, if applicable:   |   | \$5.5 <b>9</b>                     |
| Mailing address MAY BE A POST OFFICE BOX)  |   | Links and                          |
| 3. If amending the registered agent and/or reg   | ristered office address on our re-  | 02.5 <b>m</b>                      |
| registered agent and/or the new registered office ad   |   |                                    |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · ·                                     |                                    |
| New Registered Office Address:   | Enter Florida street d  | - 14                               |
|  | Enter r torida street d   | uaress                             |
|  | <u> </u>  | _, Florida                         |
|  | City  | Zip Code                           |

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

# or removed from our records.

# MGR = Manager

**AMBR** = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                   | Type of Action  |
|--------------|-------------------|----------------------------------|---|
| MGR          | Christopher Hanse | 4815 Chicago St. Cocoa, Fl 32927 | Add   |
|              |                   |                                  | □ Remove  |
|              |                   |                                  | Change  |
| AMBR         | Jason Rudock      | 9470 STATE ROUTE 3023 MONT RO    | <b>&amp;#´, PA   8%&lt;/b&gt; (&lt;br&gt;■ Add&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;☐ Remove&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; Change&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;AMBR&lt;/td&gt;&lt;td&gt;Sekoya Original&lt;/td&gt;&lt;td&gt;4815 Chicago St. Cocoa, Fl 32927&lt;/td&gt;&lt;td&gt;&lt;b&gt;≅&lt;/b&gt; Add&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Remove&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Add Add Remove&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; □ Change&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; Add&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; Remove&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; Change&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; Add&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; □ Remove&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt; □ Change&lt;/td&gt;&lt;/tr&gt;&lt;/tbody&gt;&lt;/table&gt;</b> |

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|                           |  |  |   |   |                 | me.              | 78            | _[17]        |
|                           |  |  |   |   |                 | 3 TALE<br>LORIUA | <del>-</del>  | \            |
|                           |  |  |   |   |                 | DA:              | <b>C</b>      |              |
| (If an ci<br><u>Note:</u> | Tective date is listed, the lf the date inserted | than the date of filing<br>the date must be specific and<br>in this block does not not<br>on the Department of S | l cannot be prior to d<br>neet the applicable |   |                 | g.) Pursu        |               |              |
|                           |  | delayed effective of the record is filed.  | late, but not a                               | n effective time                        | e, at 12:01 a.m | . on th          | e earl        | ier of:      |
| ,<br>D.4. J               | July 29th  |  | 2016  |   |                 |                  |               |              |
| Dated                     |  | 0/   | • ——•   |   |                 |                  |               |              |
|                           | 1  | Les .  |   |   |                 |                  |               |              |
|                           | 7  | Signature of a   | member or authorize                           | d representative of a                   | member          |                  |               |              |
|                           | Jason W. Rude                                    | ock  |   |   |                 |                  |               |              |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00