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(Re	questor's Name)	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Sect Division of Corpe			
	0	Knight	tion 1 . C	
SUBJ	ECT:		hical LLC nited Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	e return all correspond	lence concerning this matter	to the following:	
		Dani K	emblowski Name of Person	·······
		Blue Kni	ight tactical U	<u>.c</u>
		9009 W	niversity PKWY #	60
		Pensacolo	City/State and Zip Code	
		<u>mustard i</u> E-mail address: (Ly Quahos.com (to be used for future annual report notif	ication)
For fu	rther information cor	cerning this matter, please c	all:	
_D	ani Kemb Name of I	nowski Person	at (<u>\$50</u>) 516	- 9536 E Telephone Number
Enclos	sed is a check for the	following amount:		
\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u> s.</u>)
(Mailing address MAY BE A POST OFFICE BOX)		
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of tl</u>	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		100
		, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		5.74
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		s, enter the name on the ne
registered agent and/or the new registered offic	<u>ee address here</u> :	IDA I
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss.
		orida
	City	Zip Coae

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>	<u>Name</u>	Address	Type of Action
AMBR	Dani Kemblowski	9009 university Pkwy #	60 S Add
		Pensacola, FL 32514	Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			REMAUG SP PHL4: 21 ALLIAHASSEE, FLORI
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. August 26 th. Daw Kember							<u>8</u>	21	
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Dani Keinli					t an effective	time, at 12:01	a.m. on the	earlier:	of
	ated _	August 2	6 th	. 2016	·				
Signature of a member or authorized representative of a member									
			Signature of a	member or autho	orizea representativ	e or a member			

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Filing Fee: \$25.00