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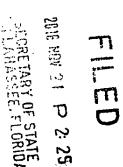
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## **COVER LETTER**

TO:		stration Se sion of Cor			
CUDIE		FENRIR G	UNWORKS & TRAINING SO	DLUTIONS LLC	
SUBJE	CI:		Name of Lim	ited Liability Company	<del> </del>
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn	all correspo	ndence concerning this matter	to the following:	
			MICHAEL SANDIDGE		
				Name of Person	
			FENRIR GUNWORKS &	TRAINING SOLUTIONS	
				Firm/Company	- · · · · · · · · · · · · · · · · · · ·
			5833 S. GOLDENROD RI	D. UNIT B#136	
				Address	
			ORLANDO, FL 32822		
				City/State and Zip Code	<del></del>
			MSANDIDGE@FENRIRG		
				to be used for future annual report notific	ation)
For furt	her in	formation c	oncerning this matter, please ca	all:	
TARA	HURI	LEY .		407 276-1881	
		Name o	f Person	Area Code Daytime T	elephone Number
Enclose	d is a	check for th	ne following amount:		
\$25	.00 Fi	ling 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:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FENRIR GUNWORKS & TRAINING SOLUTIONS	LLC.
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000170122	were filed on 12 SEPTEMBER 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
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 of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreer or oversions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
MGR	TARA L HURLEY	10101 GRANITE BAY DR.	
		ORLANDO, FL 32832	☐ Remove
			Change
			Add
			□ Remove
			☐ Change
<del></del>			Add
			☐ Remove
			☐ Change
		### · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			☐ Change
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			□ Change

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If an effect <b>Note:</b> If	tive date is f the date i	listed, the d inserted in	an the date date must be sp this block do n the Departn	pecific and ocs not me	cannot be preef the app	licable statuto	ng or more than	90 days	<b>ptions</b> after filin , this da	ig.) Pursi	uant to 605.0207 oot.be listed as
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Filing Fee: \$25.00