## L17000028275

(Re	equestor's Name)	
(Äd	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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D. SCOTT MAR 2 9 2017

## **COVER LETTER**

10: Registratio Division of	on Section Corporations				
TOWE SUBJECT:	ER GUNS AND TRAINING LLC				
	Name of Limited Liability Company				
The enclosed Article	s of Amendment and fee(s) are sul	omitted for filing.			
Please return all corn	espondence concerning this matter	to the following:			
	GUNNAR FARIA \$				
		Name of Person			
	TOWER GUNS AND TRAINING LLC				
	1485 S ORANGE BLOSSOM TRAIL				
Address					
	APOPKA, FLORIDA 32				
City/State and Zip Code					
	FARIASGUNNAR@YHA				
	E-mail address:	to be used for future annual report notificat	ion)		
For further information	on concerning this matter, please o	all:			
DANIELA HUBNE	R	407 810-4836		TASE T	
Nar	me of Person	Area Code Daytime Te	lephone Number	FILED IN STANK OF STA	
Enclosed is a check for	or the following amount:			Ma n D	
\$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee. 4. 4. te of Status & 4. Copy 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

TOWER GUNS AND TRAINING LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03-01-2017 and assigned
Florida document number L17000028275	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	1 SE 1
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	2 2 2
<ol> <li>If amending the registered agent and/or registered off registered agent and/or the new registered office address here</li> </ol>	
CEISCLES RECII DISSOL INC. HOW I CEISCLES OF MY SUBSESSION IN T	
Name of New Registered Agent:	OPEN S
New Registered Office Address:	<i>*</i>
	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 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>	<u>Address</u>	Type of Action
MGR	DONALD EUGENE ZUGELFER	1485 S ORANGE BLOSSOM TRA	
		APOPKA, FL 32703	■ Remove
			☐ Change
			Add
			□ Remove
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		03-01-2017			
Iffective	date, if other than the date we date is listed, the date must be spe	of filing:		(optional)	2 C C C C C C C C C C C C C C C C C C C
Note: If the	the date inserted in this block do	ses not meet the applica	ble statutory filing requ	irements, this date will	not be listed as
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	d specifies a delayed effe	ctive date, but not	an effective time,	at 12:01 a.m. on	
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ne record The 90 Dated	03/12 Signate	Brauas tre of a member or author	rized representative of a m	ember	**

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Filing Fee: \$25.00