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SECRETARY OF STATE
THE LANDSSEE, FLORIDA
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COVER LETTER

	egistration Se ivision of Cor			
CURIFOR		Tactical, LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	rn all correspo	endence concerning this matter	to the following:	
		Thomas C. Walser		
			Name of Person	
		Walser Law Firm		
		•	Firm/Company	
		4800 N Federal Hwy, Suite	: 108D	17 职
		-	Address	
		Boca Raton, FL 33431		·
			City/State and Zip Code	
		manoloiv@me.com		
F C .1			o be used for future annual report noti	fication)
For further	information c	oncerning this matter, please ca	iii:	
Erika How	ard		561 750-1040 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BEACH TACTICAL, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on March 01, 2017 and assigned
Florida document number L17000050551	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	1 50
	PO HET
	٦ ويريك
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	20 0
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
	uner 1 iorua sireei aaareis
	, Florida

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 **Type of Action** <u>Title</u> <u>Name</u> **Address AMBR** Manuel Gomez □ Add PRESIDENT ☐ Remove 4301 N. Federal Hwy, Boca Raton, ■ Change MGR Orsolya Gomez □ Add VPRESIDENT □ Remove 4301 N. Federal Hwy, Boca Raton, □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

_□ Add

☐ Remove

☐ Change

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E. Effective date, if other than the date of filing: (If 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 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated MANCH 94, 2017.
Signature of a member or authorized representative of a member
Manuel Gomez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00