## 17000056947

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: D C Guns,	LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dylan Z. Cowles		
		Name of Person	
	D C Guns, LLC		
		Firm/Company	
	6020 W. Fairfield Drive		
		Address	
	Pensacola, FL 32506		
	degunsilea	City/State and Zip Code  GMail. Com  to be used for future annual report notif	
For further information c	J E-mail address: ()		feation)
Dylan Z. Cowles		at (850 Area Code) 495-3146 Daytime	
Name o	f Person	Atea Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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

DICIGUNS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 13, 2017 and assigned Florida document number L17000056947 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6020 W. Fairfield Drive Enter new principal offices address, if applicable: Pensacola, FL 32506 (Principal office address MUST BE A STREET ADDRESS) 6020 W. Fairfield Drive Enter new mailing address, if applicable: Pensacola, FL 32506 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

MA 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
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ective date, if other than the date of the effective date is listed, the date must be specified. If the date inserted in this block does ument's effective date on the Department.	not meet the applicable s	of filing or more the 190 day tatutory filing requirement	optional) s after filing ) Pursuant to 605.026 s, this date will not be listed a
record specifies a delayed effecti he 90th day after the record is fi		effective time, at 12	01 a.m. on the earlier o
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<b>\'</b> ,			
Signature	of a member or authorized	representative of a member	

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Filing Fee: \$25.00