

L17000079356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

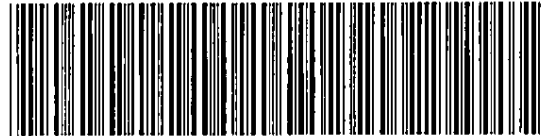
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

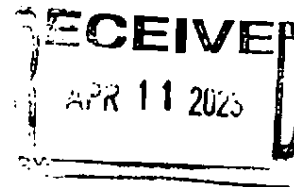
Special Instructions to Filing Officer:

Office Use Only



500406264215

04-12-03 -010000-000 **25.00



2023 APR 11 PM 2:40
STATE
CLERK

FILED

O: Registration Section
Division of Corporations

SUBJECT: Sol Invictus Arms, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Conn

Name of Person

Tactical Superiority, Inc.

Firm/Company

2294 Woodlawn Circle

Address

Melbourne, FL 32934

City/State and Zip Code

mike@tacticalsuperiority.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Conn

321 403-4475
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 APR 11 PM 2:40
STATE
TALLAHASSEE, FL

10
**ARTICLES OF ORGANIZATION
OF**

Sol Invictus Arms, 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 04/05/2017 and assigned Florida document number L17000079356.

This amendment is submitted to amend the following:

. 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."

Enter new principal offices address, if applicable:

718 North Dr.

Principal office address MUST BE A STREET ADDRESS)

Melbourne, FL 32934

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

. 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

_____, 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

Removed from our records.

IGR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Tactical Superiority, Inc.	718 North Dr., Melbourne, FL 32934	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	Michael Conn		<input type="checkbox"/> Add
		718 North Dr., Melbourne, FL 32934	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	John Newton		<input type="checkbox"/> Add
		718 North Dr., Melbourne, FL 32934	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Joel Shugars		<input type="checkbox"/> Add
		718 North Dr., Melbourne, FL 32934	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 APR 11 AM 11:24
CLERK OF DISTRICT COURT
STATE OF FLORIDA

[illegible]

(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)(b), **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.

Dated April 4th 2023

Michael Conn

Typed or printed name of signee

2023 APR 11 PM 2:40
STATE
COFL