# 117000151363

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# **COVER LETTER**

Division of Co			
TDM GUN	N. LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	[Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CJ Johnson		
		Name of Person	
		Firm/Company	
	2725 Center Place		
		Address	
	Melbourne, FL		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
CJ Johnson		321 501-9903	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 radditional 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

TDM GUN, LLC		
(Name of the Limited   (A	.iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1.17000151363	lity Company were filed on MILY 14, 2017	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicabl	e:	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ter the name of the new
Name of New Registered Agent:	<del></del>	
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

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	Matthew Kennedy	96 Willard Street	
		Suite 302	□ Remove
		Cocoa, FL. US 32922	Change
			Remove
			D Change
			□ Remove
			☐ Change
		<del></del>	□ Add □ P □ Remove.
			Remove-
			Change
			Add
			Remove
			☐ Change
			□ Remove
			Change

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<del></del> -	
, and the state of	Frating data if other than the data of Clina
(optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207 able statutory filing requirements, this date will not be listed as	ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the occument's effective date on the Department of State's
t an offective time at 12/01 a.m. on the coefficient	e record specifies a delayed effective date, l The 90th day after the record is filed.
t an enective time, at 12.01 d.m. on the earlier of	
= .	ated November 29 2
t an enective time, at 12:01 d.m. On the	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00