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SECRETARY OF STATE

D. SCOTT JAN 10 263

COVER LETTER

	ration Sec on of Corp					
	OLD ZER	O OF FLORIDA LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed Ai	rticles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return all	correspon	dence concerning this matter	to the following:			
		Dominic Tortorello				
			Name of Person			
		Surefire Mold LLC				
			•			
		106 Orangeview Ave			2018 SE(
			Address		JAN AHV	ーニトロ
		Clearwater, FL 33755			ARY ARY P-q	-
		dtortorello@gmail.com	City/State and Zip Code		2018 JAN -9 A 11: 1 SECRUTARY OF STAI TALLAHASSEE, FLORI	<u></u>
		E-mail address: (to be used for future annual report notif	ication)	0815 1515 1515	
For further info	rmation co	preerning this matter, please ca	all:		4	
Dominic Tortor	rello		818 307-6399 at ()			
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a ch	neck for th	e following amount:				
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

MOLD ZERO OF FLORIDA LEC							
(Name of the Limite	d Liability Compa A Florida Limited I	iny as it now appears on our i Liability Company)	records.)				
The Articles of Organization for this Limited Lia lorida document number		were filed on	and assigned				
his amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
SureFire Mold LLC							
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applica	ıble:	106 Orangeview Ave.					
Principal office address MUST BE A STREET ADDRESS		Clearwater FL 33755					
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>3<i>0X</i>)</u>	106 Orangeview Ave. Clearwater FL 33755	ZOR JEN T				
3. If amending the registered agent and/egistered agent and/or the new registered of			ecords, enter the name of the				
Name of New Registered Agent:	Dominic	c Tortorallo					
New Registered Office Address:	106 Orangevie	w Ave.					
		Enter Florida street	address				
	Clearwater		Florida 33755 Zip Code				
		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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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			Change
			☐ Remove
			Change
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			Change
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			SECULTARY OF STALLAHASSEE, FL
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m effect	ive date is liste	d, the date m	ust be spec	itic and can	mot be prie	or to date o	f filing or n	ore than 9	days after	filing.) Parsu	อีกะ เก 60 5,02
<u>ote:</u> lf	the date inser	ted in this	block doe	s not meet	the appl	icable sta	utory filir	g require	nents, this	date will no	ot be listed:
cumen	t's effective of	late on the	Departme	nt of State	s record	.S.					
	rd specifies				e, but n	ot an e	fective	time, at	12:01 a	.m. on th	e earlier
The 9	0th day af	er the re	cord is	filed.							
ated	<u>Jani</u>	بأدرع	<i>[-</i>]								
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Typed or printed name of signee

Filing Fee: \$25.00