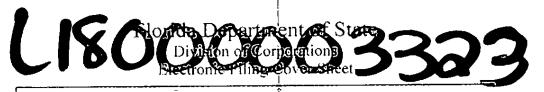
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062 : (323)962-8600 Phone : (323)962-3889

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## LLC AMND/RESTATE/CORRECTOR M/MG RESIGN FUNKER TACTICAL USA, LLC

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J. HARRIS

2/27/2018

## COVER LETTER

TO: Registration Section Division of Corporations				
	TACTICAL USA, LLC		<del>†</del>	
SUBJECT:	Name of Limi	ted Liability Compa	iny	
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	ter a	
Pleuse return all correspo	ndence concerning this matter t	to the following:	ab'	
	Cheyenne Moseley			
		Name of Pers	on	
	Legalzoom.com, Inc.			
Firm/Company			ny	
	101 N. Brand Blvd., 11tl	h Floor		
		Address	<u> </u>	
	Glendale, CA 91203		1 - 1	
		City/State and Zip	of Code	
	kevin@funkertactical.com	_	) s	
			annual report notification)	
For further information of	oncerning this matter, please ca	all:		
Cheyenne Moseley		800		
Name o	of Person	at (at Co	de Daytine Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filin Certified C (additional co		
Regist Divisio P.O. H	ANG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	R D C 20	TREET/COURIER ADDRESS: Legistration Section Sixision of Corporations Stifton Building 66) Executive Center Circle fallabissee, FL 32301	
			7	

## ARTICLES OF AMERIDMENT TO | ARTICLES OF ORGANIZATION OF |

FUNKER TACTICAL USA, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) liability Company
The Articles of Organization for this Limited Liability Company v Florida document number <u>L18000003323</u>	were filed on 01/04/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity continany here:
The new name must be distinguishable and end with the words "Limited Liabi	lirs Company," the designation "LLC" or the abbresition
The new time mast of distinguishance and end with the words. Indice its	E
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	95
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<b>元</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Filer Viarida street address  4)  Florida
<del></del>	Cuỳ Zip Coch
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signature of New Registered Agent

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2018-03-13 12:30:07 PDT LegalZoom.com, Inc. From: Lee Ann Rivera Page 5 of 6 If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Address <u>Title</u> Name | 7593 NW 113th AVE. Kevin Reichard **AMBR** 🗷 Add PARKLAND FL 33076 ☐ Remove ☐ Add \_□ Remove □ Add ☐ Remove □ Add

\_□ Add

\_□ Remove

Page 2 of 3

2018-03-13 12:30:07 PDT LegalZoom.com, Inc. From: Lee Ann Rivera To: Page 6 of 6 Effective date, if other than the date of filing: (optional (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 96 days after the date this document is filed by the Florida Department of State) (optional) Dated \_ Signature of a member or authorized representative of a member Kevin Reichard Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00