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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
() () () () () () () () () ()
SUBJECT: Loadout Airsoft 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:
Toseph Hatch Name of Person
Loadout Airsoft, LLC Firm/Company
480 N. Oronge Ave = 608 Address
Orlando, FL 32801 City/State and Zip Code
jhatch 563 @ gmail.com E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount.
S25.00 Filing Fee Certificate of Status S25.00 Filing Fee Certificate of S25.00 Filing Fee Certificate Option S25.00 Filing Fee Certificate Opt
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loadout Airsoft	LL C	
Name of the Limited Liability Compa (A Florida Limited I	oy es it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1 9 18	and assigned
Florida document number <u>L18000007427</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Eab	Ety company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the at	obreviation "L.I. C "
Enter new principal offices address, if applicable:	480 N. ORANGE AU	£
(Principal office address MUST BE A STREET ADDRESS)	APT 608	
	ORLANDO, FL 3289	'
Enter new mailing address, if applicable:	480 N. ORANGE AVE	
(Mailing address MAY BE A POST OFFICE BOX)	ART 608	
	ORLANDO, EL_3280.	<u> </u>
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		the name of the ne
Name of New Registered Agent:	···· · - ·-············	·
New Registered Office Address:	Enter Florido street address	
	, Floride	
	Cıù.	Zτp 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.

Acgistered Age/A, S jastere of New / gistered Agent

Page 1 of 3

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 Ţ:tle Hame Address Type of Action _ 🛮 Add _11 Remove □ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add LI Remove _F1 Change [1] Remove _ _ 🖸 Change _ D Add □ Remove ☐ Change

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Filing Fee: \$25.00