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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

	Registration Se Division of Cor				
SUD IE		ision Arms LLC			
SUBJEC		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	<u>-</u>		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Nike Sheffer			
			Name of Person		
Gator Precision Arms					
Firm/Company					
23016 NW 142nd Ave.					
			Address		
High Springs, FL 32643					
		nsheffer@gatorprecisiona	City/State and Zip Code		
		— - ·	to be used for future annual report notific	ation)	
For furth	er information co	oncerning this matter, please ca	all:		
Nike Sh	effer		832 444-9502		
Name of Person			at () Area Code Daytime T	Celephone Number	
Enclosed	l is a check for th	e following amount:			
□ \$25.0	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gator Precision Arms LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L18000008183	e filed on January 9, 2018 and assigned	I
This amendment is submitted to amend the following:		
A. 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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
	33	
Enter new mailing address, if applicable:		Fred W
(Mailing address MAY BE A POST OFFICE BOX)	1972 S	2 2 2 3 4 4 1 1 2 2 2 4 4 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	Jr. 11 "	<u>ie new</u>
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:	City Zip Code	
		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perf accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add company has been notified in writing of this change	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document	1

Page 1 of 3

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	John W. Kalaf Jr.	16502 NW 188th St.	■ Add
		Alachua, FL 32615	☐ Remove
			☐ Change
MGR	Joseph L. Morris	6985 East Greenup Ct	■ Add
		Floral City, FL 34436-4023	Remove
			☐ Change
			Add
			☐ Remove
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fective date, if other than th	e date of filing:	<u></u>		(or	otional)	
n effective date is listed, the date muster. If the date inserted in this b	ist be specific and o lock does not mo	cannot be prior to	date of filing or mo	re than 90 days at requirements. 1	fter filing.) Pu this date will	rsuant to 605.0 . not be listed
cument's effective date on the I						
record specifies a delaye	d effective da	ate, but not a	an effective ti	me, at 12:03	1 a.m. on	the earlier
The MUTH day after the re-	Jord 13 Med.					
ne 90th day after the re						
April 27		2018				
April 27	,	2018				
April 27	, A					
April 27	Signature of a m		ed representative o	f a member		
The 90th day after the rested April 27 Nike Sheffer	Signature of a m		ed representative o	f a member		

Page 3 of 3

Filing Fee: \$25.00