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SECRETARY OF STATE TALLAHASSEE, FLORIDA

12-18

COVER LETTER

TO: Registrati Division o	on Section Corporations	
	Airsoft, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	Jaxson Allen	
	Name of Person	
	Intern Arroff LLC Firm/Company	
	7907 Harbor Bridge Bibd	
	Address	
	New Port Richey, FL 34654	
	City/State and Zip Code	
	Riptideairsoft@outlook.com E-mail address: (to be used for future annual report notification)	
For further informa	ion concerning this matter, please call:	
Jaxson Allen	727 237-2526 at ()	
N	at () Inne of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	ce \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

Inferno Airsoft, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/30/2018}{2}$ and assigned Florida document number L18000134828 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Riptide Airsoft, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 Title Name **Address Type of Action** _□ Add □ Remove _□ Change □ Add ☐ Remove. _□ Chang _ 🗆 Add ☐ Remove _□ Change □ Add □ Remove __ Change □ Add □ Remove

□ Change

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	<u>v.</u>
ffective date, if other than the date of filing: (optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursulote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th The 90th day after the record is filed.	ie earlier of
ated <u>Pine</u> — <u>2018</u> .	
Taxon Allen	

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Filing Fee: \$25.00