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☐ PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(34	iomoso Emily Mari	<b>.</b> ,
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	Registration Se Division of Cor					
CHD IPA"		Y CARRYING CONCEALED	LLD			
SUBJEC"	ı:	Name of Lim	ited Liability Company			
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	urn all correspo	ndence concerning this matter	to the following:			
		ERIK LASHINSKY				
			Name of Person			
Firm/Company						
6275 TALL TIMBER RD						
Address						
DELEON SPRINGS FLORIDA 32130						
			City/State and Zip Code			
			DCONCEALMENT@GMAIL.COM to be used for future annual report notifica			
For furthe	r information co	oncerning this matter, please ca		,	201 Fall	
ERIK LA	SHINSKY		386 837-4194 at ( )		2010 OCT	
	Name of	f Person		elephone Number	124 PM	
Enclosed i	is a check for th	ne following amount:			<u></u> بن	
\$25.00	9 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee, 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

(Name of the Limited Liability Cor	npany as it now appears on our records	<u></u> )
(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	nry were filed on 06-28-2018	and assigned
Florida document number L18000157532		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
FIREARMS TRAINING AND CONCEALMENT LLC		
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
		SS +
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our records	, enter the name of the n
registered agent and/or the new registered office address i	ICIC.	ြုံ <b>(၄)</b> ်
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres:	<u> </u>
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a		ethor agree to comply with t
provisions of all statutes relative to the proper and compl	ete performance of my duties, an	nd 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
heing filed to merely reflect a change in the registered of	fice address, I hereby confirm the	at the limited liability
company has been notified in writing of this change.		
īro	Thanging 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 $AMBR = M$	Manager Authorized Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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effective date is	listed, the date mu	ist be specific and	d cannot be prior	to date of filing o	r more than 90 days ling requirements	after filing.) Pr	irsuant to 605 Lnot be liste	.020 ed :
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Typed or printed name of signee

Filing Fee: \$25.00