

L18000163961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

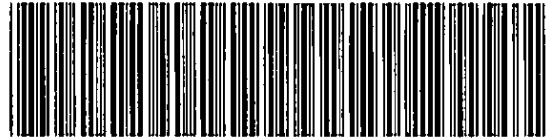
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/28/20--01025--012 **60.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

45
10/10/00

LUKINS&ANNIS | ATTORNEYS

717 W. Sprague Ave., Ste. 1600
Spokane, WA 99201-0466
t 509-623-2041
f 509-747-2323

LAURA L. BOLES
lboles@lukins.com

August 27, 2020

Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Filing Request

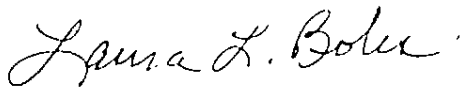
To Whom It May Concern:

Please find enclosed the executed Articles of Amendment to Articles of Organization of Pitbull Tactical, LLC. We are changing the entity's name to PT LIQUIDATION LLC.

Also enclosed is our check for payment of the filing fee, a certified copy of the filed amendment, and a certificate of status for the entity.

Should you have any questions regarding this request please contact me at 509-623-2041 or by email at lboles@lukins.com.

Very truly yours,



Laura L. Boles
Commercial Real Estate Paralegal

LLB:llb
Enclosures

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2020 AUG 28 PM 2:29
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PITBULL TACTICAL, 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:

LAURA L. BOLES

Name of Person

LUKINS & ANNIS, P.S.

Firm/Company

717 W. SPRAGUE AVE., STE. 1600

Address

SPOKANE, WA 99201

City/State and Zip Code

lboles@lukins.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LAURA BOLES

509

623-2041

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PITBULL TACTICAL, 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 07/06/2018 and assigned
Florida document number 118000163961.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PT LIQUIDATION 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:

Enter Florida street address

_____, Florida _____
City Zip 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.

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE FLORIDA

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CLERK OF DISTRICT
JAIL ANASSEE, FLORIDA

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CLERK OF COURT
TALLAHASSEE, FLORIDA

(If 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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 26 2020

Signature of a member or authorized representative of a member

JEFF BRODSKY

Typed or printed name of signee