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# **COVER LETTER**

TO: Registration Se Division of Con				
SUBJECT: BR	155 Jacket Name of Lin	Fire Arms LC Content Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Pein A	Name of Person		
	Bass.bc	KCY FireCompany	20	
	4846 SUN C	City Censer Blo	3-6281 27	بە <u>-</u> ئ
	sun City Co	City/State and Zip Code		
	Devih Pala 7 E-mail address:	(to be used for future annual report notif	incation) T	le de Se sensión Se sensión
For further information of	oncerning this matter, please c	all:	: 02	
Peu-5 Name o	Person	at (235) 258- Area Code Daytim	GJOY e Telephone Number	
Enclosed is a check for the	he 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 8/2/2018 Florida document number L/8000/8 (1855) 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 Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Ū Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DSEPH Steedle	605 walley Hill Dr.	Add
		605 valley Hill Dr. Brandon FC 33510	□ Remove
			Change
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ective date, if other than the date of filing:	(optional) gor more than 90 days after filing.) Pursuant to 60
te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earl
ed Seplentar 21st. 2018.	
Signature of a member or authorized represent	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00