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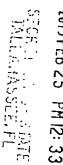


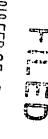
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R. WHITE FEB 2 8 2019





COVER LETTER

TO:	Registration Sec Division of Corp			
CUBB		Company LLC		
SUBJI	.cr:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Joseph Corso		
			Name of Person	
		Florida Gun Company LLC		
			Firm/Company	
		16587 113th TRL N		
			Address	
		Jupiter, FL, 33478		
		joe@floridgunco.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	ration)
For fur	ther information co	oncerning this matter, please ca	ıll:	
Joseph	Corso		917 440-5955 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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

FILED

2019 FEB 25 PM 12: 33

Florida Gun Company LLC (Name of the Limited Liability Company as it now appeared (A Florida Limited Liability Company) (A Florida Limited Liability Company)	Pars on our records:
	The filth south Fil
he Articles of Organization for this Limited Liability Company were filed on	
lorida document number L18000195596	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	c designation "L.L.C." 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 n
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	Florida street address
City	, Florida Zip Code
City New Registered Agent's Signature, if changing Registered Agent:	Ap Code

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>	Address	Type of Action
MGR	Joseph S. Gruppuso	16587 113th TRL N Jupiter FL 33478	Add
			■ Remove
			☐ Change
Owner	Joseph Corso	16587 113th TRL N Jupiter FL 33478	■ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
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f an efi <u>Note:</u>	ive date, if other than the date of filing:
	·
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
Dated	2/21/19
	Signapore of a member or authorized representative of a member
	Taseph Corsa Typed or printed name of signee
	oseph Corso

Page 3 of 3

Filing Fee: \$25.00