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(((H190001071043)))



H190001071043ABCX

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To:

Division of Corporations

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From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 Phone : (813)273-4229 Fax Number : (813)273-4396

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

annual report mailings. Enter only one email address please.\*\*

Email Address: Tremil@ the StortunStreet Cox

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DROPZONE GUNNER, LLC

Certificate of Status	0
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Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DROPZONE GUNNER, LLC					
Name of the Lig	A Florida Limited	any os it now appears on Liability Company:	pur records.	•	
The Articles of Organization for this Limited Florida document numberL18000260318	Liability Company	were filed on 11.08/	2018	and assigned	
This amendment is submitted to amend the fo	llowing;		•		
A. If amending name, enter the new name	of the limited link	ollity company here:			
The new same must be distinguishable and contain the	words "Limited Links	thy Company," the design	nation "LLC" or the	abbreviation "L.L.C."	-
Enter new principal offices address, if appli	cable:	3024 W. Swann Ave	enue	<del></del>	
(Principal office address MUST BE A STRE	ET ADDRESS <sub>I</sub>	Tampa, Florida 336		<u></u> ,	
Enter new mailing address, if applicable:		3024 W Swann Ave	enue		
Mailing address MAY BE A POST OFFICE	iling address MAY BE A POST OFFICE BOX). Tar		09		
				F. 73	1
B. If amonding the registered agent and neglstered agent and/or the new registered of			ır record <b>s</b> , <u>ente</u>	r the pione of the n	LEAN.
Name of New Registered Agent:	Jenny Griffin				
New Re-Istered Office Address:	3024 W. Swam	n Avenue Enter Florida s	<del></del>	<u> </u>	
		onter Pioriaz s			
	Тантра		$_{\sim}$ _ , Flerida $^3$		
·		City		Zyp 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.

II Changing Registered Agent, Signature of Ney Registered Agent

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## (((HIPOOR IN With))) ed Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member <u>Address</u> Type of Action Title Name MGR 3024 W. Swann Avenue Jeremy Griffin **■** Add Tampa, Florida 33609 \_□ Remove □ Change □ Remove ☐ Change \_D Add \_□ Remove ☐ Change [Change \_□ Add □ Remove \_\_ Change □ Remove Change

MGR = Manager

16 amending any other inform	ation, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
**. **********		
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The second secon		
		E
		7
	·	<i>V</i> = -
		3
Effective date, if other than the	date of filing:	(optional)
If an effective date is listed, the date mu	at be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605,0207 (3 filing requirements, this date will not be listed as the
document's effective date on the D	epartment of State's records.	
ne record specifies a delayer	f effective data hut not an effects	ve time, at 12:01 a.m. on the earlier of:
The 90th day after the rec	ord is filed.	ve time, at 12.01 a.m. on the earner of:
March 22	2019	
Dated		
ـــــــــــــــــــــــــــــــــــــ	Signature of a member of authorized represents	

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