L18000263685

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COVER LETTER

ΤO		istration Sec ision of Corp			
		Lenz Gun S	mithing Authorized Person Ti	tle Change	
SU	BJECT:				
			Name of Lim	ited Liability Company	
Th	e enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return	all correspor	dence concerning this matter	to the following:	
			Ronald Lenz		
				Name of Person	
				Firm/Company	
			31 Koala Bear Path		
			Ormond Beach FL. 32174	Address	
			Lenzpistolsmithing@gmail	City/State and Zip Code Leom	
			E-mail address: (to be used for future annual report notifi	cation)
For	r further i	nformation co	ncerning this matter, please ca		
R	onald Len	ız		386 846-4253	
		Name of	Person	at () Area Code Daytime	Telephone Number
En	closed is a	a check for the	e following amount:		
	\$25.00 F	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

Lenz Gun Smithing LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co L18000263685	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	
		- O Ti
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or regist regist		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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>	Type of Action
MGR	Ronald Lenz	31 Koala Bear Path Ormond Beach FL,	
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Page 3 of 3

Filing Fee: **\$**25.00