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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

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TO:

| SORTECT: | • | Name of Lim | ited Liability Company | |
|---|--|---|---|--|
| Division of Corporations YE-DO DYNAMIC WEAPONS LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: JACOUELINE DEFREES Name of Person Finn/Company 3055 BURRIS ROAD #5 Address DAVIE, FL 33314 City/State and Zip Code yedodynamicweapons@gmail.com E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: ACQUELINE DEFREES Name of Person 1 | | | | |
| Please return all | correspor | ndence concerning this matter | to the following: | |
| | | JACQUELINE DEFREES | | |
| SUBJECT: Name of Limited Liability Company | | | | |
| | | | Solution of Limited Liability Company 8) are submitted for tiling. his matter to the following: DEFREES Name of Person Finn/Company OAD #5 Address 14 City/State and Zip Code Dons@gmail.com Indefress: (to be used for future annual report notification) 1. please call: 954 Area Code Area Code Daytime Telephone Number Fee & \$555.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee | |
| | | AMIC WEAPONS LLC Name of Limited Liability Company nendment and fee(s) are submitted for filing. ence concerning this matter to the following: JACQUELINE DEFREES Name of Person Finnt-Company 3055 BURRIS ROAD #5 Address DAVIE, FL 33314 City/State and Zip Code yedoddynamicweapons@gmail.com E-mail address: to be used for future annual report notification) cerning this matter, please call: 3954 Area Code Daytime Telephone Number following amount: S10,00 Filing Fee & Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations | | |
| | VE-DO DYNAMIC WEAPONS LLC Name of Limited Liability Company | | | |
| | | | | |
| | | yedodynamicweapons@gm | · | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For further info | rmation ec | oncerning this matter, please ca | all: | |
| JACQUELINE | DEFREE | S | at (| |
| | Name of | Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a ch | icck for th | e following amount: | | |
| ■ \$25.00 Filia | ng Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | _ | | | ection |
| Divis | ion of Co | orporations | Division of Co | rporations |
| | | / L. 32314 | | Laffahassee De Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YE-DO DYNAMIC WEAPONS LLC | |
|--|--|
| (<u>Name of the Limited Liability Company as it now appears o</u> (A Florida Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited Liability Company were filed on 6/19/2 | and assigned |
| Florida document number L18000274722 | |
| 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 design | gnation "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 reco agent and/or the new registered office address here: | ords, enter the name of the new register |
| | y. |
| 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.

Cir

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 |
|--------------|-----------------------------------|-----------------------------------|-----------------|
| AR | Florenzano, Yaleimo | 3055 Burris Rd #5 Davie, FL 33314 | □ Add |
| | | | ■Remove |
| | | | Change |
| AMBR | Florenzano Rivero, Yaleimo Daniel | 3055 Burris Rd #5 Davie, FL 33314 | □Add |
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| Note: If the date | Other than the date of fili listed, the date must be specific a inserted in this block does not ive date on the Department of | t meet the applicable : | te of filing or more than 91 statutory filing requires | (optional) days after filing.) Pursuant to elements, this date will not be | 505.0207 (isted as t |
| | = - , | | | | |
| e record specifies rd is filed. | a delayed effective date, but n | ot an effective time, a | it 12:01 a.m. on the ear | lier of: (b) The 90th day a | fter the |
| Dated | acqueline De | , 2021. | | | |
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