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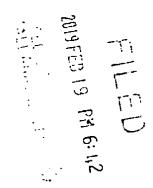
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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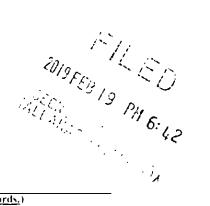
FEB 22 2019 I ALBRITTON

COVER LETTER

TO:		ation Sect 1 of Corp						
eno ie	De:	sert Engle	6 LLC					
Subiri	υr: <u> </u>	Name of Limited Liability Company						
The encl	losed Art	icles of A	mendment and fee(s) are subm	nitted for filing.				
Please re	eturn all o	correspond	dence concerning this matter to	the following:				
			Todd D Leggroan					
Name of Person								
Desert Hagle 6 LLC								
Firm/Company								
	1228 Fast 7th Ave. Ste 209							
	Address							
			Tampa, FL 33605					
	City/State and Zip Code tleggroan@deserteagle6llc.com							
				be used for finure annual report notifi	cation)			
For furth	her infori	nation cor	ncerning this matter, please cal	l:				
Todd D	leggroai	ı		202 83-4-6871				
Name of Person		at () Area Code Daytime	Telephone Number					
Enclose	d is a che	eck for the	following amount:					
□ \$25	,00 Filing	g 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)			
			NG ADDRESS: tion Section	STREET/COURH Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DESERT EAGLE 6 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L. Florida document number $\frac{1.19000003012}{1.0000003012}$	iability Company	were filed on 12/31/2018	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	n "L.L.C" or the abbreviation "L.LC."
Enter new principal offices address, if applic		1228 EAST 7FH AVE	
(Principal office address MUST BE A STREE		SUITE 209	
Transpar office anness troops to the	<u> </u>	TAMPA, FL 33605	
		1228 EAST 71'H AVE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE)	ROV)	SUITE 209	
Stating dearess beat BE 3 FOST OFFICE	<u>DUAJ</u>	TAMPA, FL 33605	
Name of New Registered Agent:		<u>Σ</u> .	_
New Registered Office Address:	1228 EAST 71	H AVE, SUITE 209	
		Enter Florida street address	
	ТАМРА	Cuv	Florida 33605 Zip Code
New Registered Agent's Signature, if changing I	N 4 4 4		ZIP € oak
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr er and complete stered agent as p registered office	ee to act in this capacity performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
	H' Cha	nging Registered Agent, <u>Sign</u>	ature 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>	Name	Address	Type of Action		
			Add		
			☐ Remove		
			☐ Change		
			☐ Remove		
			□ Remove		
			☐ Change		
			☐ Remove		
			☐ Change		
			□ Add		
			☐ Remove		
			□ Change		
					
			□ Remove		
			☐ Change		

D. If amending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)
	<u> </u>
E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Solve: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	00 days after filing) Pursuant to 605,0207 (3)(b
If the record specifies a delayed effective date, but not an effective time, a (b) The 90th day after the record is filed.	t 12:01 a.m. on the earlier of:
Dated	
4-11-10	
Signature of a member or authorized representative of a men	nber
TODD D. LEGGROAN	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00