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COVER LETTER

TO:		stration Sec sion of Corp				
SUBJE		DESERT EA	AGLE 6 LLC			
SUBJE	CI:		Name of Lim	ited Liability Company		
The enc	losed	Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please r	etum	ali correspon	dence concerning this matter	to the following:		
			TODD D. LEGGROAN			
				Name of Person		
			DESERT EAGLE 6 LLC			
				Firm/Company		
			1228 E. 7TH AVE, STE 2	09		
				Address		
			TAMPA, FL 33605			
				City/State and Zip Code		
			tleggroan@deserteagle6llc.	com to be used for future annual re	wart patitication)	
For furt	her in	formation co	ncerning this matter, please co		por nonnearon,	
			meering this matter, prease ea			
TODD D. LEGGROAN		202 \$34-6871 at ()				
		Name of	Person	Area Code	Daytime Telephone	Number
Enclose	d is a	check for the	following amount:			
□ \$25	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	sed) C	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
			NG ADDRESS:	STREET/ Registratio	COURIER ADDR	ESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESERT EAGLE 6 LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000003012	Company were filed on 12/31/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	<u> </u>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the ne
Name of New Registered Agent:	······································	-
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	C.i.	sip 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHRISTOPHER N. RIGA	14 WESTERN AVE WESTFIELD, MA 01085	_■ Add
			☐ Remove
			Change
			Remove
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Note: If	e date, if other than the converge date is listed, the date must the date inserted in this bloom's effective date on the Department.	ck does not meet the a	pplicable statutory	or more than 90 days after Tiling requirements, th	ional) er filing.) Pursuant to 605.0207 (is date will not be listed as th
	rd specifies a delayed Oth day after the reco		t not an effectiv	ve time, at 12:01	a.m. on the earlier of:
Dated Oc	ctober 10	2019	_ ·		
	Tog	d D. Lagge Signature of a member or	oan	iliya of a mambar	
		пълдине извлистия п	addioracti representa	aise of a memoet	

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Filing Fee: \$25.00