(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	<del>  </del>
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name	e)
(Do	cument Number)	
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JAN 3 O 2020

I ALBRITTON

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
		AGLE 6 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		TODD D. LEGGROAN		
			Name of Person	
		DESERT EAGLE 6 LLC		
		<del></del>	Firm/Company	
		1228 E 7TH AVE, STE 20	99	
			Address	
		TAMPA, FL 33605		
			City/State and Zip Code	
		tleggroan@deserteagle6lfc.  E-mail address: (	com to be used for future annual report n	outlication)
For further in	nformation e	oncerning this matter, please c	all:	
Todd D legg	groan		202 834-6871	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a	a check for tl	ne following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Address gistration S	Section	Street Address: Registration S Division of C	
P,C	D. Box 632		The Centre of	Tallahassee
Tal	Hahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## 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 Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Florida document number 1.19000003012	any 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 limited !	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	.iability Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		F I
(Mailing address MAY BE A POST OFFICE BOX)		- N T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records, <u>enter th</u>	ne name of the new registered
		-
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	ida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
i <del>i</del> C	Changing Registered Agent, <u>Signature of Y</u>	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>	Address	Type of Action
AMBR	Christopher N. Riga	14 WESTERN AVE WESTFIELD, MA 01085	□Add
			<b>=</b> Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
		<del>.</del>	□Change
			🗆 Add
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		<del></del>	□Change
			□ Add
			□Remove
		<del></del>	Change
			□ Add
			□Remove
			□Change

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<b>Tective date, if other than the</b> dan effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the Department.	be specific a ck does not	ind cannot be t meet the a	prior to date o pplicable sta	f filing or more	than 90 days af	ter filing.) Purs	
record specifies a delayed effective is filed.	date, but n	ot an effect	ive time, at 1	2:01 a.m. on t	he earlier of:	(b) The 90t	h day after the
ated		2019	·				
T//D/	704864						
Todd D. Ley	Consture of	a member or	authorized re-	resentative of	member		

Filing Fee: \$25.00