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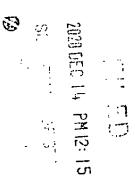
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Environmental Shooting Range Technologies, LLC: Removal of Member SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Hargett Name of Person Environmental Shooting Range Technologies, LLC Firm/Company 2770 NE 5th Street Address Pompano Beach, FL 33062 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Hargett Name of Person Enclosed is a check for the following amount: **S25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Environmental Shooting Range Technologies, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4/23/2019	and assigned
Florida document number £190-00111595		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(2)
Principal office address MUST BE A STREET ADDRESS)		202b
		DE
Enter new mailing address, if applicable:		E**
• • • • • • • • • • • • • • • • • • • •		3
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- 5
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer i ioi ma sireet aan est	
- •	, Flori	ida Zip Code
	€ <i>ū</i> y	гар Сіме

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 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	Edward T Roden	133 MuirField Dr	□ Add
		Ponte Vedra Beach, FL 32082	= Remove
			□Change
			□ Add
			□Remove
			Change
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fective date, if o	her than the date (of filing:		(0)	ptional)	
n effective date is lis	ted, the date must be spe	ecitic and cannot be p	rior to date of filing	or more than 90 days a	fter filing.) Pursuant to 6 this date will not be li	05.0207
	date on the Departm					.,
ecord specifies a c is filed.	clayed effective date.	but not an effectiv	re time, at 12:01 a	.m. on the earlier of	(b) The 90th day at	fter the
December 7ti		2020				
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			uthorized represent	utive of a mambar	 	
	Signati	ure of a pythoer or a	uthorized represent	ntive of a member		