

219000209188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

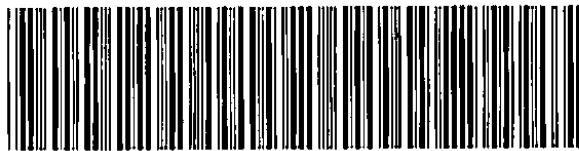
(Document Number)

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Certificates of Status

Instructions to Filing Officer.

Office Use Only



400339613494

2020 JAN 23 PM 4:21

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATION

2020 JAN 23 PM 12:40

LLC
Ahmed

JAN 24 2020

D CONWELL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

1/23/2020

****WALK IN****

NAME PORTER TACTICAL LLC

ENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____ Plain Copy

_____ Certified Copy

_____ Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ Certified Copy of Arts & Amendments

_____ Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

24 OF DESTINATION _____

OF CERTIFICATES REQUESTED _____

OWED ²⁵ _____

ACCOUNT #: I20160000072

E B J/16

call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Porter Tactical LLC

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

Articles of Organization for this Limited Liability Company were filed on 08/16/2019 and assigned
document number L19000209188.

This amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

principal offices address, if applicable:

office address MUST BE A STREET ADDRESS)

6 Teepee Court

Destin FL 32541

mailing address, if applicable:

address MAY BE A POST OFFICE BOX)

6 Teepee Court

Destin FL 32541

FILED
CLERK OF SUPERIOR COURT
JAN 23 PM 4:21
DIVISION OF CORPORATE FILINGS

Changing the registered agent and/or registered office address on our records, enter the name of the new registered agent or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

_____ ☐ Change

Adding any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 90 days after filing.) Pursuant to 605.0207 (3)(b) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the member specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of filing.

1/22 _____ 2020 _____

/s/ Dylan Porter

Signature of a member or authorized representative of a member

Dylan Porter

Typed or printed name of signer

Filing Fee: \$25.00