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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VOLUSIA DREAM GUN RANGE LLC

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December 2, 2021

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

VOLUSIA DREAM GUN RANGE LLC 66 MERRYWOOD CIRCLE ORMOND BEACH, FL 32174US

SUBJECT: VOLUSIA DREAM GUN RANGE LLC

REF: L19000231982

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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Valerie Berring Regulatory Specialist III FAX Aud. #: H21000439041 Letter Number: 421A00029017

Darlene

## **COVER LETTER**

TO:	Registration Se Division of Con	ection Porations		
SUBJEC	Volusia Dro	eam Gun Range, LLC		
		Name of Li	mited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are su	show the add to a gar-	
		ndence concerning this matte		
		Kelly Moran	Ů	
			Name of Person	
		C II G I X - m	varite of Let200	
		Cobb Cole Law Firm		
			Firm/Company	
		149 South Ridgewood Av	renue Suite 700	
			Address	
		Daytona Beach, FL. 3211	4	
			City/State and Zip Code	
		Kelly.moran@cobbcole.com	m	
		E-mail address:	(to be used for future annual report not	ification)
For further	information co	ncerning this matter, please o	all:	
Kelly Mor	an		386 255-8171	
	Name of	Person	Area Code Dayrin	ne Telephone Number
Enclosed is	a check for the	following amount:		
_	Piling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address: gistration Se	ction	Street Address:	ation
Di	ivision of Co		Registration Se Division of Cor	
P.	O. Box 6327		The Centre of T	allahassee
Ţs	illahassee, FI	. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Volusia Dream Gun Range, LLC		
(Name of the Limited Liability	Company as it now appears on our re- imited Liability Company)	cords.)
(A Flonda L	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mnany were filed on 9/19/2019	EC SECOND
Florida document number L19000231982	mbany were filed on	and assigned =
Tiorida document number		
This amendment is submitted to amend the following:		AM 10:
		<b>의 등</b>
A. If amending name, enter the new name of the limited	d liability company here:	17
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "LLC"
	<b>, , , , , , , , , , , , , , , , , , , </b>	2.2.0.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. re		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, ent	er the name of the new registered
agent and the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address:	Enter Florida street add	
	Cinci 1 torida diregi addi	. 633
	, 1	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Lloyd Cornelius	66 Merrywood Circle NSB FL. 32174	
			□Add
			□ Remove
			IJ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□ Remove
			□ Change
			Remove
			Change

. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
	202	<u>:</u> = <.,
		10 KG
_	ω	-00 AWI
_	AM 0:	OF 51,
Note: If	re date, if other than the date of filing:	5.0207 ( ed as t
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	r the
Dated _	November 30 , 2021	
	Signature of a member or authorized representative of a member	
	Kelly Moran	
	Typed or printed name of signer	

Filing Fee: \$25.00