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(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

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	Registration Seco Division of Corp			7	
SUBJEC		M & GUN, LLC			
SOBJEC	1.	Name of Lim	ited Liability Company		20 47 25 PM 25 CM
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.		Section 1985
Please ret	urn all correspond	dence concerning this matter	to the following:		
		ANGELO M. MARTIN, E	ESQ.		
			Name of Person	-	
		COUNSELAW			
			Firm/Company	_	
		PO BOX 900471			
			Address		
		HOMESTEAD, FL 33090			
			City/State and Zip Code		
		ANGELO@COUNSELAW			
		E-mail address: (1	to be used for future annual report notifi	cation)	
For further	r information con	cerning this matter, please ca	dl:		
ANGELC	M. MARTIN		305 900-4029		
	Name of P	erson		Telephone Number	
Enclosed i	s a check for the	following amount:			
9 \$25.00) Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

	F AMENDMENT TO	ي بن ^د چم
ARTICLES OF	FORGANIZATION	10 M
	OF	E COLOR COLO
	GUN, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our record ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 01/06/2020	and assigned
Florida document number L20000015160		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	.2
		orida
	City	Zip 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ARTHUR STILL	20125 SW 324 ST	Add
		HOMESTEAD, FL 33030 US	Li Add
			Remove
			Change
MGR	ARTHUR CLARK STILL III	20125 SW 324 ST	8.44
		HOMESTEAD, FL 33030 US	B Add
			□ Remove
			Change
			Add
			Remove
			Change
.			🗅 Add
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n effective date is listed, the date must be	e specific and cannot be	prior to date of filin	g or more than 90 day	ys after filing.) Pursuant to	
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record specifies a delayed e	effective date, bu	t not an effect	tive time, at 12	:01 a.m. on the e	arlier o
The 90th day after the record	d is filed.				
JANUARY 19	2020				
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Filing Fee: \$25.00

Typed or printed name of signee