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COVER LETTER

TO:

TO: Registration S Division of Co			
	AXE ARMORY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	,
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SCOTT HOLMES		
		Name of Person	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	BATTLEAXE ARMORY,	LLC	
			
	2751 TALL PINE STREE	т	
		Address	
	FORT PIERCE, FL 34945	5	
	SHOLMES@BATTLEAX	City/State and Zip Code	
	•	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
SCOTT HOLMES		772 332-8140	
Name of Person		Area Code Daytime	e Telephone Numb er
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address Registration Division of OPPO. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATTLEAXE ARMORY, LLC

2924 ACG 17 PO112: 26

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/4/2020 _____ 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 Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Title	<u>Name</u>	Address 2120 AC 1.7 PH 12: 26	Type of Action
MGR	JORDAN VERANO	2751 TALL PINE STREET, FT. PIERCE, FL 34945	_ ■ Add
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	8/12/2		(optional)	
Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and camot be s block does not meet the a	ipplicable statutory times i	than 90 days after filing.) Pu	rsuant to 605,020 I not be listed a
			at the Charles	Oth day after th
e record specifies a delayed effor rd is filed.	ctive date, but not an effect	tive time, at 12:01 a.m. on	the carner of. (b)	om day arer an
Dated 8/12/2020				
/				
	2/6	or authorized representative o		

Filing Fee: \$25.00