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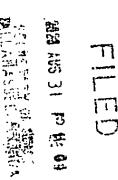
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	ca Armory LLC.	`	•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jared Pruett			
		Name of Person		
	Free America Armory LL0	C.		
		Firm/Company		
	8548 mayall dr			
	•	Address	<del>.</del>	
	Jacksonville FL 32220			
		City/State and Zip Code		
	Freeamericaarmory@gmail			
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	oncerning this matter, please c	all:		
Jared Pruett		904 707-6630 at ( )		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREE AMERICA ARMORY L.L.C.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
the Articles of Organization for this Limited Liability Company lorida document number 1.20000091997	were filed on 03/30/2020 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	
Inter new principal offices address, if applicable:	8548 mayall dr jacksonville fl 32220
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	
. If amending the registered agent and/or registered office a	address on our records, enter the fiame of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	170 150 150 150 150
New Registered Office Address:	Enter Florida street 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.

City

Zip Code

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	Name	Address	Type of Action
MRG	Martin Morris		□Add
		<del></del>	
			■Change
			□Remove
			□Change
			□Add
			□ Remove
		<del></del>	□Change
			□Add
			□ Change
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f an effe <u>Note:</u>	ve date, if other than the date of filing:  (optional)  ctive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
record d 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 the ed.
Dated _	Signature of a member or authorized representative of a member