L20000/05385

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COVER LETTER

TO:

Registration Section Division of Corporations

_		•	v
SUBJECT: Ballisti	c Theory Sol	utions LLC ited Liability Company	
	Same of the	ned maonity Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Eli	era Bapiay Name of Person	
	_	Stic Theory Solu	tions LLC
	11694 car	nokia Run Address	
		W FL 32539 City/State and Zip Code	
	elena @ cc	to be used for future annual report not	ification) 20
For further information cor	ncerning this matter, please ca	all:	ification) 75 (ALL) 15 (ALL) 1
Elena Peplau		at (850) 428-	0121
Name of	rson		ne Telephone Number
			- 12: 1.2
Enclosed is a check for the	following amount:		· H N
\$25.00 Filing Fee	☐ \$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 Se		<u>Street Address:</u> Registration So	ection
Division of Co	rporations	Division of Co	rporations
P.O. Box 6327 Tallahassee, FI		The Centre of '	Fallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ballistic Theory Solution			_
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our reco	ords.)	•
The Articles of Organization for this Limited Liability Company with Florida document number 12000/05385			ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
•			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "I.	.LC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			202
			_ _
		D.	N 三
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	P
			2: <u> </u>
B. If amending the registered agent and/or registered office ac	ldress on our records, <u>en</u> t	; . ter the name of the r	N <u>iew register</u> i
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	tress	
		FloridaZip Coo	de
New Registered Agent's Signature, if changing Registered Agent:	Cay	<i></i> ,	
I hereby accept the appointment as registered agent and agree	e to act in this canacity. I	further auree to co	mply with th
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as property and the proper and complete paccept the obligations of my position as registered agent as property and the property accept the appointment as registered agent and agree provided the property accept the appointment as registered agent and agree provided the property accept the appointment as registered agent and agree provided the property accept the	performance of my duties,	, <mark>and I am famili</mark> ar v	vith and

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 add or removed from our records:

MGR = Manager

- AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elena Bepiay	4694 canoria Run	□Add
		Crestview Fl, 32539	□Remove
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			□Add
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