

120000105385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

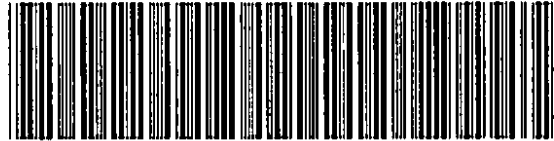
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 15 PM 2:28
CLERK OF COURT
JULIA A. BUTLER

A. BUTLER

NOV - 3 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ballistic Theory Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elena Beplay

Name of Person

Ballistic Theory Solutions LLC

Firm/Company

4694 Cahokia Run

Address

Crestview, Florida 32539

City/State and Zip Code

elena@coastline9.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Beplay

850 428-0121

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ballistic Theory Solutions LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

APR 15 PM 2:28

The Articles of Organization for this Limited Liability Company were filed on 16 April 2020 and assigned Florida document number L20000105385.

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:

819 Navy St Fort Walton Beach FL 32547

(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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Adam McCaa	3897 Tuscany Way Pace, Florida 32505	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elena Beplay	4694 Cahokia Run Crestview FL 32539	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Adam McCaa is being removed as a member.

Elena Konter has a name change to Elena Beplay from Marriage. Please see attached marriage certificate.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____


Signature of a member or authorized representative of a member

Elena Beplay

Typed or printed name of signee

DEPUTY CLERK kmorgan
JD PEACOCK II CLERK OF COURTS, OKALOOSA COUNTY, FLORIDA

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon

(STATE FILE NUMBER)

1765724

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 NAME OF SPOUSE (First, Middle, Last) BYRON LEE BEPLAY		30 MAIDEN SURNAME (if applicable)		4 DATE OF BIRTH (Month, Day, Year) 04/19/1984	
32 RESIDENCE - CITY, TOWN OR LOCATION CRESTVIEW		36 COUNTY OKALOOSA		4 BIRTHPLACE (State or Foreign Country) AL	
5 NAME OF SPOUSE (First, Middle, Last) ELENA LEIGH KONTER		30 MAIDEN SURNAME (if applicable) HALL		6 DATE OF BIRTH (Month, Day, Year) 12/11/1991	
14 RESIDENCE - CITY, TOWN OR LOCATION CRESTVIEW		36 COUNTY OKALOOSA		8 BIRTHPLACE (State or Foreign Country) AL	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR MYSELF OR HERSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Byron Lee Beplay</i>		13 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/03/2021	
11 TITLE OF OFFICIAL DEPUTY CLERK		12 SIGNATURE OF OFFICIAL (Use black ink) <i>Kristina Morgan</i>	
13 SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Elena Leigh Kontner</i>		14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/03/2021	
15 TITLE OF OFFICIAL DEPUTY CLERK		16 SIGNATURE OF OFFICIAL (Use black ink) <i>Kristina Morgan</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMPNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17 COUNTY ISSUING LICENSE OKALOOSA	18 DATE LICENSE ISSUED 02/03/2021	19 DATE LICENSE EFFECTIVE 02/06/2021	20 EXPIRATION DATE 04/04/2021
21 SIGNATURE OF COURT CLERK OR JUDGE /s/ JD Peacock II		26 TITLE CLERK OF COURTS	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year) 2.8.2021		22 CITY, TOWN OR LOCATION OF MARRIAGE Crestview, FL	
23 SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Eveline Chatman</i>		23 ADDRESS (of person performing ceremony) 4704 Whitewater Ln Crestview, FL 32539	
25 NAME AND TITLE OF NOTARY PUBLIC EVELINE CHATMAN State of Florida-Notary Public Commission # GG 158800 My Commission Expires October 31, 2021		24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)			

CERTIFIED A TRUE
AND CORRECT COPY
JD PEACOCK II
CLERK CIRCUIT COURT

BY *Kristina Morgan*
DEPUTY CLERK

DATE 02-18-21

