## L2UCCO 165510

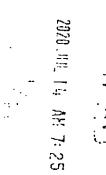
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AUG 24 2020 S. YOUNG

## COVER LETTER

TO: Registration Division of C			
	ACTICAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del>_</del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	LEVI D JONES		
		Name of Person	
		Firm/Company	
	301 SW 1ST AVE, APT	1313	
		Address	<del></del>
	FORT LAUDERDALE FI	LORIDA 33301	
	LEVI@TIER-1TACTICAL	City/State and Zip Code COM  to be used for future annual report notifi	Section
For further information	n concerning this matter, please c		icanon',
LEVI D JONES		410 652-6782	
Nam	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check fo	r 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 Add Registratio Division of P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIER-1TACTICAL LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny a <u>s it now appears on our records.)</u> Liability Company)	+ 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	
The Articles of Organization for this Limited Liability Company Florida document number L20000165510	were filed on 6/15/2020	an	d assigned 25
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
TIER-1 TACTICAL LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviatio	on "L.L.C."
Enter new principal offices address, if applicable:	401 E. LAS OLAS BLVD SUITE	130 - 221 F	ORT LAUDER
(Principal office address MUST BE A STREET ADDRESS)	Aprida 33801		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	401 E. LAS OLAS BLVD SUITE	130 - 221 F	ORT LAUDE K
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of th	e new registered
Name of New Registered Agent:			
New Registered Office Address: YOI E. C	Enter Florida street address	130-22	1
Eart 1	Pud ucdol 0	72	201

## 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 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
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Change
			□Add
			□Remove
			□Change
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			□Change
<del></del>			□Add
			□Remove
			El Change

Effective date, if other than the date of filing:  [coptional]  fan 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 605.03  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The effective date deflective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.		1.0	11											
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