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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
	,	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	 me)
(2.		,
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

O:

SPE	C WEAPONS DES	SIGN LLC .	
OBJECT:	Name of Lim	aited Liability Company	
he enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.	
lease return all corres	pondence concerning this matter	to the following:	
	_ Eduardo	O GALINDO Name of Person	
	Spec Wearon	S DESIGNALLC	
		Firm/Company	
	11621 SW	Address	
	Miami,	FL 33186	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
or further information	concerning this matter, please c	all:	
Eduardo	GALINDO	at (<u>786</u>) <u>705</u> Area Code Daytim	9215
Name	of Person	Area Code Daytim	e Telephone Number
nclosed 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 Addi Registration Division of P.O. Box 6. Tallahassee	i Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEC WEAPONS DES	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
	pany were filed on7 - 31 - ZoZo and assigned
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	liability company here:
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	12818 SW 172nd AVE Unit-Alo
<u>Principal office address MUST BE A STREET ADDRES.</u>	s) Miami, Fl 33186
Inter new mailing address, if applicable:	17818 SW 172nd AUE Unit-A10 Micmi, FL 33186
Mailing address MAY BE A POST OFFICE BOX)	Micmi, FL 33186
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
rovisions of all statutes relative to the proper and compositions of my position as registered agent cing filed to merely reflect a change in the registered of ompany has begannotified in writing of this change. 21 43\$\$\frac{1}{2} \frac{1}{2} \f	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address. I hereby confirm that the limited liability
	Changing Registered Agent. Signature of New Registered Agent
EITED	

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added removed from our records:

1GR = Manager .MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
AMBR	Ernesto Pede Cabrea	Emesta Polo Cabran 11621 SW 132 Nd AUE MIGMI, FL 33186	
		MIAMI, FL 33186	MRemove
			TChange
			□Add
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			2020 SEP 24 Connection of the
			PH 2002
			□Remove
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AMBR: Edu	XIVOO L.	MALINDO			NO AUE	
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tive date, if other than fective date is listed, the date If the date inserted in the nent's effective date on the	amust be specific and is block does not n	Leannot be prior to oneet the applicable	date of filing or more that	(optional in 90 days after filing firements, this dat	g.) Pursuant to 605.	.020 rd a
rd specifies a delayed effe led.	ective date, but not	an effective time	, at 12:01 a.m. on the	earlier of: (b) T	he 90th day after	the
September	14 Card	7070				
			ed representative of a n			