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COVER LETTER

TO: Registration Se Division of Cor	rporations	
SUBJECT:A	CTION GUNS & AMMO, 1/c. Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	HOWARD HODGES Name of Person	-
	ACTION GUNS & AMMO //C	-
	643 PROGRESS WAY	-
	SANFOND, FL 3277/ City/State and Zip Code 241 DAVE @ GNAIL. COM E-mail address: (to be used for future annual report notification)	-
	241 DAVE (a) GMAIL. COM	
For further information e	concerning this matter, please call:	2020 SEP
Mame o	at (407) 864 - 3345 of Person Area Code Daytime Telephone Number	
Calada Araba a	sh. C.D. u.i	7 PH 6:
Enclosed is a check for the		· · • · · · · · · · · · · · · · · · ·
24-525.00 Filing Fee	(additional copy is enclosed) Certified	ne of Status &

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

ACTION GUNS		MMO,	116			
(<u>Name of the Limited Liability</u> (A Florida L	Company as i Limited Liabilit	t now appears y Company)	on our records.)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 20000 Z 3 485</u>	mpany were	filed on	08042	<u>O</u> and	l assign	ed
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limits	<u>ed liability c</u>	ompany hei	<u>·e</u> :			
The new name must be distinguishable and contain the words "Limite	ed Liability Co	npany," the de	signation "LLC" or t	he abbreviatio	n "L.L.C	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	<u></u>		_/	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered	office addre	ss on our re	cords, <u>enter the</u>	name of the	new r	<u>egistered</u>
agent and/or the new registered office address here				ALLA ALLA	0 SEP	
Name of New Registered Agent:			·	<u></u>		
New Registered Office Address:		Enter Flori	da street address	0 :: 0 :: 0 :: 0 ::	P y 6:	5
	(.iiy	, Florid	a Zip ()ode	
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	Гуре of Action
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			Remove
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Filing Fee: \$25.00