## L20000 275783

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## ÇOVER LETTER

	gistration Sec vision of Corp			
CECIS III Z CC		D TACTICLE FIREARMS SO	)EUTIONS, LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of 2	Amendment and fee(s) are sub-	mitted for filing.	
P)ease retur	n all correspor	odence concerning this matter i	to the following:	
		JOSEPH D. BROOKS		
			Name of Person	<del> </del>
		Actionical	Tactical F	irearms solutions
		6500 US HWY 441, #11		
			Address	<del> </del>
		OKEECHOBEE, FL 3497-	1	
			CityeState and Zip Code	
		jdb.arfs@gmail.com	to be used for future annual rep	aset natification)
For further	information co	ngerning this matter, please co		or normalion,
JOSEPH D	. BROOKS		772 277-1	1412
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	e following amount:		
€ \$25,00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	2 858 00 Filing Fee & Certified Copy radditional copy is enclos	Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address		<u>Street Add</u> Registrati	ress: ion Section
Registration Section Division of Corporations		Division	of Corporations	
	O. Box 632			re of Tallahassee Monroe Street, Suite 810
1:	illahassee, F	TL 04014	_=+1.0 (N. )	victario diffeet, duffee o 19

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT; ARTICLES OF ORGANIZATION **OF**

## ADVANCED TACTICLE FIREARMS, LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000275783}{1.20000275783}$	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
ADVANCED TACTICAL FIREARMS SOLUTIONS, LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1646 30Th AVE			
ncipal office address MUST BE A STREET ADDRESS) VERO BEIJCH, FL. 32960				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u> s	name of the new-registered		
N CN D to 15 w		$\frac{1}{\sqrt{1}}$ $\frac{\omega}{\sqrt{1}}$		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	5 6		
	Florid	;		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and 1 or provided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

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>	Address	Type of Action
			Remove
			□Change
			□Add
			□Remove
			Change
	<del></del>	<del></del>	
			□Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			Change
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NAME				
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ive date, if other than the da cetive date is listed, the date must be	te of filing:		(optional) dass after (ilino ) Pursuant t	o 605
If the date inserted in this block cent's effective date on the Depa	does not meet the applicable	statutory filing requires	ents, this date will not be	: list
ent serietive date on the repa	them of thate 5 records.			
d specifies a delayed effective d	ae, but not an effective time.	at 12:01 a.m. on the earl	ier of: (b) The 90th day	afte
led.	•			
SEPTEMBER 14	2020			
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