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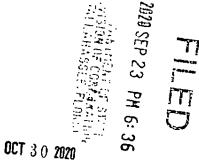
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S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>C</u> 5	- Gunn Producti Name of Limit	NON LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	•	arry Gunn JR Name of Person	
	CJ-Gun	Production LLC Firm/Company	
		lago loop Apt 10	
	Zephyrhi	Us, FL 33542 City/State and Zip Code	
		unn 17 6 gmail com to be used for future annual report notific	
For further information (concerning this matter, please ca		
Charles Gur	in Jr	at (813) 531 - 108 Area Code Daytime	<u>ġ</u>
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O	Section Corporations	Street Address: Registration Sect Division of Corp	orations
P.O. Box 633	27	The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

띯

CJ-Gunn Produc (Name of the Limited Liabi	HON LLC lity Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L2000281309</u> This amendment is submitted to amend the following:		Section of the sectio	
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:		rds, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Entar Florido	Street address	
	gistered office address on our records, enter the name of the new registered here: Enter Florida street address , Florida		
	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>	Address	Type of Action
AMBR	Charles Darryl Gunn JR	6870 Vista lago loop	XAdd
		Apt 107 Zephyrhills, FI	
		33542	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change

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led.	es a delayed	i effective dat	e, but not an o	effective tin	ie, at 12:01	a.m. on the e	ariier of: (b) The 90th	day after
		.							
Sept	ember	<u> </u>	,	3080	<u>.</u>				
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