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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

	ation Section of Corporations	
Dor SUBJECT:	rman Tactical, LLC	
	Name of Limited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Richard R. Dorman II	
	Name of Person	-
	Dorman Tactical, LLC	<i>[</i> 2)
	Firm/Company	
	4752 Nichols Creek Rd.	188-
	Address	-1
	Milton, FL 32583	PIT 3: 03
	City/State and Zip Code	
	dormantactical@gmail.com E-mail address: (to be used for future annual report notification)	(3)
For further inform	nation concerning this matter, please call:	
Richard Dorman	405 650-9921 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
□ \$25.00 Filing	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dorman Tactical, LLC (Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C." (ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

Zip Code

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
MGR	Richard R. Dorman II	4752 Nichols Creek Rd. Milton, FL 32583	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			☐ Remove
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nective date, if other	r than the date of file the date must be specific a	and cannot be prior to	date of filing or more tha	(optiona n 90 days after filir	ng.) Pursuant to 605,020
an effective date is listed,	ed in this block does no	ot meet the applicabl	e statutory filing requ	irements, this da	te will not be listed as
ote: If the date inserte	te on the Department o	it state s records.			
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