## 421000053934

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## **COVER LETTER**

TO: Registration S Division of Co		•		
	Arms L.L.C.			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Nicholas Solodko			
		Name of Person		•
	Vanguard Arms L.L.C.			
		Firm/Company		
	571 Interstate Blvd.			~1
		Address		)022 SEC
	Sarasota, FL 34240			2022 DEC - SECRET
		City/State and Zip Code		5
	Accounting@vanguardguns		15	70
For further information of	e-mail address: (i	to be used for future annual report not all:	incation)	PH 2: 07
Nicholas Solodko		941 274-9294 at ( )		13.,
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre		Street Address:	•	
Registration Division of C		Registration Se Division of Co		
P.O. Box 632	27	The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VANGUARD ARMS L.L.C.		
(Name of the Limited L. (A F	iability Company as it now appears on our recolorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number L21000053934	ity Company were filed on 01/29/2021	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	<del></del>
(Principal office address MUST BE A STREET A	DDRESS)	
		2022 DEI CECRE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	<u>.</u>
		2
B. If amending the registered agent and/or regis	· —	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
		Florida
<del>-</del>	City	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
COO	Chrisopher Hendrix	11120 Bennett Dr. Unit 138	
		Bradenton, FL 34211	=Remove
			Change
CFO	Cameron Lock	10954 High Noon Trl	<b>=</b> Add
		Parrish, FL 34219	□Remove
			Change Ch
			□Remove
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ı effect	e date, if other that tive date is listed, the da	ate must be specific	and cannot be	prior to date of fil	ing or more than 90	(optiona days after fili	ng.) Pursu	ant to 605.	.020
<u>te:</u> If cumen	the date inserted in it's effective date on	this block does not the Department	ot meet the ap	plicable statuto ords.	ry filing requiren	ents, this da	ite will ne	ot be liste	ed as
ecord s is filed	specifies a delayed e l.	ffective date, but	not an effecti	ve time, at 12:0	l a.m. on the earl	ier of: (b)	The 90th	day after	the
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ted	November	<u> 30™</u>		<u>.</u> .					
		MI	U						
				authorized repres					

Filing Fee: \$25.00