L21000053934

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2024 NOV -8 AM II: 25 SECRETARY OF STATE TALLAHASSEE, FL



COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Vonge	wa Arms LLC Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
Please return all correspo	ndence concerning this matter	to the following:			
	Jaced Co	Name of Person			
	Vanguar Ara	Firm/Company			
	5115 East S.P.	(<u>, U</u> Address			
	Bonderton, FC 3	City/State and Zip Code		202 SE	
	•			TAL.	-
	E-mail address: (uns . Com to be used for future annual report notif	fication)	AN -	garan Jeresan
For further information of	oncerning this matter, please c	all:		AAS	17
Jared Cales Name o	f Person	at (941) 274 - 18 Area Code Daytime	/니\ e Telephone Number	2024 HOV -8 AM II: 25 SECRETARY OF STATE TALLAHASSEE, FL	
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	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

Vanguard Arms LLC			
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	<u>r recoras.</u>)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 1/29	and assigned	
Florida document number <u>L216000 \$3434</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lize	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		 .	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		NOV	1
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records	s, enter the name of the flew registered	1-
		SSEE SSEE	Ī
Name of New Registered Agent:			
		25 PATI	
New Registered Office Address:	Enter Florida stre	et address	
		Elouido	
	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 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>	Name	Address	Type of Action
<u>COO</u>	JARED COLES		
		15521 Rose Gove Dr.	Badwin RC 34212 = Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			E Como V
			Al-Denange 8
			2024 WOV -8 AM 11: 25 SECRETATION OF METATE PL PRemove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

D. If amending any other information	, enter change(s) here: (Attach ad	lditional sheets, if necessary.)	
			
·			
			
			
 			
		TA!	2024 NOV
		, A	
		ASSE	~ ~~ /***
E. Effective date, if other than the dat	11/15/2024		MII: 25
(If an effective date is listed, the date must be	specific and cannot be prior to date of filing does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605,0207 (3)(b)
If the record specifies a delayed effective da record is filed.	te, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day	after the
Dated NOVEMBER 4TH		•	
Sion	nature of a member or authorized represent	sative of a member	_
NICHOLAS SOLODKO			
	Typed or printed name of sign	nce	_

Filing Fee: \$25.00