L210000815 42

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. COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	ARDEN ARMAMENT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter			
	Lisa C King			
		Name of Person		
	Haagenson & Haagenson,	P.A.		
		Firm/Company		
	300 SE 19th Street			(;
		Address		
	Fort Lauderdale, FL 33316	·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	lk@haagensonlaw.com	City/State and Zip Code		
		to be used for future annual report not	ification)	1
For further information e	oncerning this matter, please c	all:		τ
Lisa C King		954 463-1331 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
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)	Certified	e of Status &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations	
Tallahassee, l			e Street, Suite 81	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVILS GARDEN ARMAMENT	rllc	
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 2/17/2	2021 and assigned
lorida document number L21000081542	·•	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here	;
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	(' t
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
		<u> </u>
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our recess here:	ords, <u>enter the name of the new-register</u>
Name of New Registered Agent:	Haagenson & Haagenson, P.A.	
New Registered Office Address:	300 SE 19th Street	
THE TREE STATE OF THE PARTY OF	Enter Floride	a street address
	Fort Lauderdale	, Florida 33316
	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
MGR	Joseph N Cooper		□Add
			□Remove
		15500 County Road 833, Clewiston, FL 33440	= Change
			□Remove
			_ (∙ □ Change
			·
		· · · · · · · · · · · · · · · · · · ·	□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fil e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	ling or more than 90 ory filing requirem	(optional days after filing ents, this date	,) Pursuan	t to 605.0 be listed
cord specifies a delayed effective date, but not an effective time, at 12:0 ifiled.) i a.m. on the earl	ier of: (b) T	he 90th di	ay after
$\frac{3-20}{20 + 3}$				

Filing Fee: \$25.00