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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INS & AMMO LLC					
Name of Limited Liability Company					
Amendment and fee(s) are sub	mitted for filing.				
ndence concerning this matter	to the following:				
DAVIDE ALESSIO MAN	AGER				
	Name of Person				
TOTAL GUNS & AMMO LLC					
	Firm/Company				
905 NE 27 AVE	905 NE 27 AVE Address				
HALLANDALE BEACH 33009					
avvalessiomiami@gmail.co	City/State and Zip Code	TALL)21 JU		
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oncerning this matter, please co	all:				
	701 2695805			J	
Person		umber F-1	ထ		
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☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	rtificate of Status & rtified Copy			
ection orporations	Street Address: Registration Section Division of Corporations The Control of Tallshassee				
	Amendment and fee(s) are sub- indence concerning this matter DAVIDE ALESSIO MAN TOTAL GUNS & AMMO 905 NE 27 AVE HALLANDALE BEACH avvalessiomiami@gmail.co E-mail address: (concerning this matter, please concerning this matter, please concerning this matter and the second concerning this matter. Status	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: DAVIDE ALESSIO MANAGER Name of Person TOTAL GUNS & AMMO LLC Firm/Company 905 NE 27 AVE Address HALLANDALE BEACH 33009 City/State and Zip Code avvalessiomiami@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person TOTAL GUNS & AMMO LLC Firm/Company 905 NE 27 AVE Address HALLANDALE BEACH 33009 City/State and Zip Code avvalessiomiami@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Certificate of Status Certified Copy Cequadditional copy is enclosed) Certificate of Status Street Address: Registration Section	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: DAVIDE ALESSIO MANAGER Name of Person TOTAL GUNS & AMMO LLC Firm/Company 905 NE 27 AVE Address HALLANDALE BEACH 33009 City/State and Zip Code avvalessiomiami@gmail.com E-mail address: (to be used for future annual report notification) incerning this matter, please call: 701 2695805 Area Code Daytine Telephone Number e following amount: \$\Begin{array} \text{Status} & \text{Certificate of Status} & \text{Certificat of Status} & \text{Certificat Copy} & \text{Certificat of Status} & \text{Certificat of Status} & \text{Certificat of Status} & \text{Certificat Copy} & \text{Certificat of Status} & \text{Certificat Copy} & \text{Certificat of Status} & \text{Certificat Copy} & \text{Certificat Copy} & \text{Certificat of Status} & \text{Certificat Copy} &	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: DAVIDE ALESSIO MANAGER Name of Person TOTAL GUNS & AMMO LLC Firm/Company 905 NE 27 AVE Address HALLANDALE BEACH 33009 City/State and Zip Code avvalessiomiami@gmail.com E-mail address: (to be used for future annual report notification) ancerning this matter, please call: 701 2695805 Area Code Daytime Telephone Number e following amount: \$\text{\$\text{\$\text{\$S\$}}\$ \$\$\text{\$	

Tallahassee. FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL GUNS & AMMO LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L21000217224	any were filed on MAY 10 2021	and assigned
This amendment is submitted to amend the following:		
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 I	iability Company," the designation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		921
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address here:		
		$\frac{\partial}{\partial x} = \mathbf{c}$
Name of New Registered Agent:		<u>- * </u>
New Registered Office Address:		سته بده است. استه بست تای
Their registered writte radiess.	Enter Florida street address	(co
	, Florida	
	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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			QChan
			GAdd 28
			DRemove
			□Changeo
			□Add
			☐ Change
			DAdd
			□Remove
			□Change

Typed or printed name of signee

DAVIDE ALESSIO MANAGER