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(Requ	iestor's Name)	
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PICK-UP	WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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COVER LETTER

SHRJECT:	Island T	action 1.6C	
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Division of Corporations SUBJECT: Fland Tactical LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nichola Mlacket Name of Person			
		Firm/Company	
		1402 Hibiteus Ave	
	(Wkcelja FL 339 22	
For further information c	oncerning this matter, please c	all:	
Nicholas Name o	Machicky.	at (<u>786</u>) <u>390</u> Area Code Daytin	8240 ne Telephone Number
Enclosed is a check for the	ne following amount:		
★\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S	Section	Registration Se	
Division of C P.O. Box 632			
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 18 PM 12: 57

Zip Code

Asland lactical LLL		
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our recognic RETAR	Y OF STATE
The Articles of Organization for this Limited Liability Company were filed on $\underline{\hspace{1cm}3}$	15/2021	and assigned
lorida document number <u>LZ1006352910</u> .		
his amendment is submitted to amend the following:		
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 design	ation "L1.C" or the abb	previation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	···	
3. If amending the registered agent and/or registered office address on our record	ds, <u>enter the name</u>	of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address: Enter Florida st	rant a liberee	
Ener Florida si	7 (C) 1414617 C 5,1	
	, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	James Sanderson	1421 SW 21 Ter (apelog)	11.3991 × Add
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fan effective dat <u>Note:</u> Hi the da	e, if other than the date of filing:(optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed fective date on the Department of State's records.	1207 f as 1
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ated	Aug 14th . 2021	
	Signature of a member or authorized representative of a member	
	organities of a memory of audionized representative of a memory	