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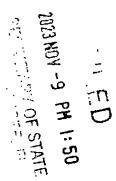
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A. RIVERS

COVER LETTER

TO: Registration Section

Division of Corporations					
CSR GUNS	S & AMMO LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	LAURA D CARUTHERS				
		Name of Person			
		Firm/Company			
	13907 GRENADA WAY				
	•	Address			
	FORT MYERS, FL 33905				
		City/State and Zip Code			
	LAURA@5STARTITLEG				
	E-mail address: (to be used for future annual report not	fication)		
For further information c	oncerning this matter, please c	all:			
LAURA CARUTHERS		239 229-4309			
Name o	f Person	at () Area Code Daytim	ne Telephone Number		
·	•		-		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee.		
	Certificate of Status	Certified Copy	Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:	ution		
Registration Section		Registration Se Division of Cor			
Division of Corporations P.O. Box 6327		The Centre of 7			
Tallahassee, FL 32314			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSR GUNS & AMMO LLC	
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
he Articles of Organization for this Limited Liability Comp	pany were filed on 10/19/2021 and assigned
lorida document number 1.21000455450	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited by the limit	
ne new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	n/V
Principal office address MUST BE A STREET ADDRESS	5)
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	M/A
If amending the registered agent and/or registered officent and/or the new registered office address here:	ice address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	भू न
	Florida : Z 5

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, <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>	Name	<u>Address</u>	Type of Action
MGM	LAURA D CARUTHERS	<u></u>	□Add
			□Remove
			■ Change
MGM	JOSEPH T CARUTHERS		□Add
			□Remove
			■ Change
MGM .	JUSTIN SIMMONS	-	□Add
			□Remove
			■ Change
MGM	LESLIE SIMMONS		□Add
	<i>,</i>		□Remove
			Change
MGM	MARK RECEVEUR		□Add
			□Remove
			■Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			∏C'hanve

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(If an eff	ive date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	NOVEMBER 7 2021
	Signature of a member or authorized representative of a member
	LAURA II CARUTHERS
	Typed or printed name of signee