

177000020154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

OCT 25 AM 9:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stand Your Ground Training And Defense LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason P. Myers
Name of Person

Stand Your Ground Training And Defense LLC
Firm/Company

6632 Elva St.
Address

Milton, FL 32570
City/State and Zip Code

standyourground1776@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Myers at (850) 789-1776
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stand Your Ground Training and Defense, 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:

Jason P. Myers

Name of Person

Stand Your Ground Training and Defense, LLC

Firm/Company

6632 Elva Street

Address

Milton, FL 32570

City/State and Zip Code

StandYourGround1776@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Myers

850

789-1776

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

FILED

2022 OCT 25 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FL

Stand Your Ground Training and Defense, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/10/2022 and assigned
Florida document number 122000020154.

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 Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jason Paul Myers

New Registered Office Address:

6632 Elva Street

Enter Florida street address

Milton

City

Florida 32570

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jason P Myers	6632 Elva Street	<input checked="" type="checkbox"/> Add
		Milton, FL 32570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heather Hoyt	6632 Elva Street	<input checked="" type="checkbox"/> Add
		Milton, FL 32570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	<i>Lucas</i> Lucas Latiff	6632 Elva Street	<input checked="" type="checkbox"/> Add
		Milton, FL 32570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated October 24, 2022

Signature of _____

Signature of a member or authorized representative of a member

Heather Hoyt

Typed or printed name of signee

Filing Fee: \$25.00