## L22 000076389

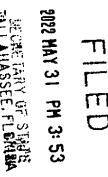
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:		istration Sec sion of Corp							
CIID IE	CТ.		MS TRAINING, LLC	•					
SUBJE	CI;		Name of Lim	nited Liability Company					
The encl	losed	Articles of A	Amendment and fee(s) are sub	bmitted for filing.					
Please re	eturn	all correspor	ndence concerning this matter	r to the following:					
			SHERI CERRETA						
				Name of Person					
			ROBERT J. WELLEN, JR	R., P.A.					
				Firm/Company					
			1323 N. PARSONS AVE.						
				Address					
			BRANDON, FL 33510						
			City/State and Zip Code						
			sheri@wellencpa.com						
			E-mail address: (	(to be used for future annual report notification)					
For furth	ner in	formation co	ncerning this matter, please ca	call:					
SHERI (	CERI	RETA		813 643-2904 at ( )					
		Name of	Person	Area Code Daytime Telephone Number					
Enclosed	i is a	check for the	e following amount:						
<b>■ \$</b> 25.	00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JK FIREARMS TRAINING, LLC		
(Name of the Lim	ited Liability Company as it now appears on or (A Florida Limited Liability Company)	ır records.)
he Articles of Organization for this Limited l	Liability Company were filed on FEBRUA	aRY 9, 2022 and assigned
lorida document number L22000076389	·	
his amendment is submitted to amend the fol	lowing:	
. 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 designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	到夏二
Principal office address MUST BE A STRE	ET ADDRESS)	ASSEE FR
nter new mailing address, if applicable:		3: 53
<u> Aailing address MAY BE A POST OFFICE</u>	BOX)	
	·	<del></del> -
. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our records ess here:	s, enter the name of the new registe
Name of New Registered Agent:	JOHN F. KIRK, III	
New Registered Office Address:		
<u> </u>	Enter Florida stre	et address
		, 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

Title	Name	<u>Address</u>	Type of Action
AMBR	JOHN F. KIRK, III		□Add
			□Remove
			■ Change
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Effectiv	ve date, if ot	her than the	date of filir	ng:	rior to data of	filing or more the	(optio	nal)	
Note:	If the date inse ent's effective	erted in this bl	ock does not	meet the app	olicable statu	tory filing requ	irements, this	date will no	t be listed as
e record rd is file	d specifies a de	elayed effectiv	e date, but no	ot an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b	The 90th o	lay after the
				2022					
Dated <sup>1</sup>	MARCH 7								

Typed or printed name of signee