L22000147990

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

	gistration Serision of Cor					
elib leær.	Repo Bona	Fide Tactical LLC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Thomas L. Respondek III				
			Name of Person			
			Firm/Company			
		5111 Dogwood Drive Unit	4368	report notification) 9-6095 Daytime Telephone Number		
			Address			
	Milton. Florida 32572					
	City/State and Zip Code					
		repobonafide@gmail.com				
		E-mail address: (to be used for future annual report no	dification)		
For further i	nformation co	oncerning this matter, please o	ali:			
Thomas L.	Respondek III	1	915 539-6095 at ()			
	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	e 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)		
	illing Addres		Street Address:	ection		
Registration Section Division of Corporations		-	Registration Section Division of Corporations			
P.0	O. Box 632	7	The Centre of	Taliahassee		
Ta	llahassee, F	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)		
y were filed on <u>04/19/2022</u>	and assigned	
bility company here:		
ility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
5111 Dogwood Drive	~	
Unit 4368	23	
Milton. Florida 32572		
	<i>⊗</i>	
PO Box 4368	-1)	
	72	
Milton, Florida 32572	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
address on our records, enter th	e name of the new register	
Enter Florida street address		
(
<u>t</u>	pility company here: ility Company," the designation "LLC" of 5111 Dogwood Drive Unit 4368 Milton. Florida 32572 PO Box 4368 Milton. Florida 32572	

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:

or remov	ea irom our recoras:		
MGR =	Manager		
AMBR =	Authorized Member		

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			[]Change
			🖸 Add
			□Remove
			[]Change
			□Add
			🖸 Remove
			[]Change
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			☐ Change
			[]Add
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			[] Change

Page 2 of 3

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Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	te date must be specific and in this block does not it	d cannot be prior to meet the applicat	de statutory filing n	equirements, this date	ر با Pursuant to 605.0207 (
the record specifies a The 90th day after			an effective tim	ne, at 12:01 a.m.	on the earlier of:
November 12 Dated	_	2023			
Thon	us & Test	ende K	zed representative of	a member	
Thomas L. Re	spondek III		•		
-	<u>-</u>	Typed or printed	name of signer		