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COVER LETTER

то:	Registration 5 Division of Co	Section orporations **				
enn irz		on Firearms LLC				
SUBJEC	,l; <u> </u>	Name of Lim	ited Liability Company			
The encl	osed Articles c	of Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corres _i	condence concerning this matter	to the following:			
		Troy Holbrooke				
			Name of Person			
		Declaration Firearms				
			Firm/Company			
		6781 W Sunrise Blvd				
			Address			
		Plantation FL 33313				
		City/State and Zip Code operations@declarationfirearms.com				
		fication)				
For furth	er information	concerning this matter, please co	all:			
Troy Ho	olbrooke		954 914-3330 at ()	e Telephone Number		
	Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed	l 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 JUN 30 AH 8: 08

Declaration Firearms LLC	\${ · · · ·	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) AMASSEE. FIG., imited Liability Company)	ار ا
The Articles of Organization for this Limited Liability Con Plorida document number 107000159527	mpany were filed on April 4, 2022 and assig	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	1315 SW 1st Court	
Principal office address MUST BE A STREET ADDRES	Pompano Beach, FL 33069	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new	<u>registe</u>
Name of New Registered Agent: T20	y Loursooke	
New Registered Office Address: 6781 W S	Sunrise Blvd	
	Enter Florida street address	
Plantatio		
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Patrick Holbrooke	1315 SW 1st Court	€Add
		Pompano Beach FL 33069	□Remove
			□Change
AMBR	Troy Holbrooke	6781 W Sunrise Blvd	□ Add
		Plantation FL 33313	🗀 Remove
			■Change
AMBR	Shawn Rhodriquez	6781 W Sunrise Blvd	
		Plantation FL 33313	□Remove
			Change
AMBR	Jason Gonsalves	6781 W Sunrise Blvd	= Add
		Plantation FL 33313	□Remove
		****	Change
			□Add
			Remove
			□ Change
		_	□Add
			□Remove

ffective date, if other than the date of filing:	****			·			
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