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COVER LETTER

Division of Corpo	***		
SUBJECT: Power	Broker Cor	ted Liability Company	<u>'C</u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Pauling (Pastro Name of Person	
	Power Broke	Communications	. LLC
		19 Ter Address	
	Micmi Aprosto fom	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
	ncerning this matter, please ca	11:	
Payling Ca	Person	at (<u>305</u>) <u>409</u> - Area Code Daytime	1223 Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se		Registration Sec	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Liability Company : (A Florida Limited Liab	ras it now appears on our records.) ibility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 22002 46690</u>	were filed on 4/18/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
Safe Start Firearms Training LLC The new name must be distinguishable and contain the words Dimited Liability	y Company," the designation "L.L.C." 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:	7 11
(Mailing address MAY BE A POST OFFICE BOX)	2:16
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro-	performance of my duties, and I am familiar with and $-$

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>	Address	Type of Action
			Remove
			☐ Change
	•	***************************************	⊐Add
			□Remove
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			□ Change
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(If an effect Note: If	ve date, if other than the date of filing:	605,0207 (3 listed as th
he record s ord is filed	dispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day and	after the
Dated _	Tyne 7 2024	
	Signature of a member or authorized representative of a member	_
	Payling Castro	