L2200249380

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RECEIVED

COVER LETTER

TO: Registration S Division of Co			
	unitions LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Christopher Adam Redma	n	
		Name of Person	
		Firm/Company	
	519 S. 2nd Street		
	Pensacola FL, 32507	Address	
		City/State and Zip Code	
	aredman1233@gmail.com		
	E-mail address: (to be used for future annual report notific	ration)
For further information of	concerning this matter, please c	all:	
C. Adam Redman		at () Area Code Daytime	
Name o	f Person	Area Code Daytime	l'elephone Number
Enclosed is a check for t	he 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		231-112	
Sunbelt Munitions LLC		23 /: 13 5/15 05	
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our re</mark> Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company lorida document number $\frac{1.22000279386}{1.000000000000000000000000000000000000$	were filed on June 20, 2022	2 and assigned	
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
mperium Acquisitions LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	555 W. Granada Blvd		
Principal office address MUST BE A STREET ADDRESS)	Unit B-7		
	Ormond Beach FL, 32174	·	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office	address on our records, e	nter the name of the new regis	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	
	City:	, Florida 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
			□Remove
			☐ Change
			Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			Change
		□Add	
			□Change
		□Add	
			□Remove
			□ Change

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	ffective date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	11/09/2023
Date	
	Construes of a magnific or authorized consecuntative of a magnific
	Signature of a member or authorized representative of a member

Typed or printed name of signee