422000380365

(Requ	estor's Name)	-
(Addre	ess)	
(Addre	 ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
		;

Office Use Only

A. RIVERS

JAN - 6 2023



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10/17/22--01011--003 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIO:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 334 TACTICAL Name of Limi	TRaining LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter	to the following:
BERNARD 1	Name of Person
	Firm/Company
100 ISLIN	Gton Street.
	City/State and Zip Code
bernienovin E-mail address: (t	Secure annual report notification)
For further information concerning this matter, please ca	ill:
BELLOAL MOVINS Name of Person	at (347) 552-0903 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

334 TACTICAL TRAINI (Name of the Limited Liability Compa	NG- LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000380365</u>	were filed on $\frac{09/01/2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14 ROYAL PALM WAY
(Principal office address MUST BE A STREET ADDRESS)	BOCK ROTON, FLORIDA 33432
	Bock Katon, FLORIDA 33432
Enter new mailing address, if applicable:	100 Islington Street Staten I-landny 10308
(Mailing address MAY BE A POST OFFICE BOX)	Staten I-land, NY 10308
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
 -	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2022 SEC ALL
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am Jamilian with and provided for in Chapter 605, F.S. Or Julis devument is
	nging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
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ote:	ive date, if other than the date of filing:
recor Lis fil	d 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 led.
ated	10/10/2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00