130000000

(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:
J. HORNE APR 10 2023

Office Use Only



700401828947

94/11/23--01002--001 **30.00

(623 APR 10 FH 2: 2083 APR 10 PM 3: 05

は出いまり回答

COVER LETTER

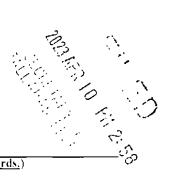
111 -	
SUBJECT: Alliance Firearms LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Marlin Mc Clendon Name of Person	
Alliance Firearms LLC Firm/Company	
969 Timberview Rd	
Clermont, FL 34715 City/State and Zip Code Marlin, McClendon Q yanoo. Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Marlin McClendon at (407) 462-3382 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	atus &

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



Alliance Firearms LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Flore' a Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L2300001083.5</u> .	were filed on <u>Sanuary 84/2025</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company h <u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

Florida

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	Marlin McClendon	969 Timberview Rd	the Add
		Clermont, FL 34715	□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
	-		🗀 Add
			⊡Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

•						
					<u> </u>	
					, .	_
					<u> </u>	
					·	_
						
<u> </u>					<u> </u>	
						
effective date is leaffer in the state of the date in	other than the date listed, the date must be sp nserted in this block do ve date on the Departr	pecific and cannot be locs not meet the a	e prior to date of fili applicable statutor	ng or more than 90 c		
ord specifies a filed.	delayed effective date	2. but not an effec	tive time, at 12:01	La.m. on the earli	er of: (b) The 90tl	h day after ti
1 Apri	11 10th	200	<u>23</u>	_		
r	Mali	111 1 1	Let To-			
	Signa	ature of a meanner o	r authorized represa	entative of a membe		