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(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
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## **COVER LETTER**

	egistration Se ivision of Cor				
OLD HIGH	Smith Rifle	Co LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		Dusty Smith			
			Name of Person		
		Smith Rifle CoLLC			
			Firm/Company		
		6001 Golf and Sea Blvd			
		<del></del>	Address		· 2
		Apollo Beach FL 33572			2023 KAR
		<del></del>	City/State and Zip Code		カ 一
		Smith.Dusty@ymail.com			·
15 Comboni			to be used for future annual report no	otification)	1
ror further	information c	oncerning this matter, please c	an.		
Dusty Smi	th		407 840-8804 at ( )		i ·
	Name o	f Person		me Telephone Number	
Enclosed is	s a check for th	he following amount:			
\$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
	lailing Addres		Street Address: Registration S	ection	
	egistration Sivision of C	Section Corporations	Division of Co		
P	.O. Box 632	27	The Centre of	Tallahassee	
T	allahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 81	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smith Rifle Co LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 02/13/23	and assigned
Florida document number L23000078846		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		A.R
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		331
		T. Care
		THE OF
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 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>	Name	Address	Type of Action
mgr	Dusty Smith	6001 Golf and Sea Blvd Apollo Beach FL 33572	<b>≣</b> Add
		····	□Remove
			□Change
ambr	Clayton Smith	Smith 6001 Golf and Sea Blvd Apollo Beach FL 33572	<b>=</b> Add
			□Remove
			10 Change
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n effective date is listed, the date must te: If the date inserted in this blo	ick does not me	eet the applica	o date of filing ble statutory:	or more than 90 d filing requireme	ays after film ints, this da	ig.) Pursua te will no	nt to 605. t be liste	020 d a
cument's effective date on the De	partment of St	ate's records.						
ecord specifies a delayed effective	date, but not a	m effective tir	ne, at 12:01 a	m. on the earlie	er of: (b)	The 90th (	day after	the
s filed.			,					
March 14th		2023						
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_ UK				tive of a member				

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Filing Fee: \$25.00