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COVER LETTER

	gistration Sec vision of Corp					
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SUBJECT	W!!	nter Bach Armen Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		James Blo	ishka			
			Name of Person			
		WinterBa	ch Armament, LLC			
			Firm/Company			
		00 B	17.2			
			262 Address			
		0	T 22712			
		15ushnet	City/State and Zip Code			
		Blashk	a. James 2@ gmnito be used for future annual report notif	1.com		
		E-mail address: (to be used for future annual report notif	fication)		
For further	information co	oncerning this matter, please co	atl;			
)ames	Blasnka	(770 \ 380-1	6576		
<u> </u>	Name of	Person	at (<u>770</u>) 380 - 0	e Telephone Number		
Enclosed is	a check for th	e following amount:				
E \$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 tadditional copy is enclosed		
_	ailing Addres		Street Address:	aria		
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.:	O. Box 632	7	The Centre of T	allahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited L (A F	A Majuca iability Company a ilorida Limited Liabi	s it now appears on or lay Company)	ur records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L23cool11</u> 47		re filed on 16 M	AY2023	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	ons, LL			
The new name must be distinguishable and contain the words	"Limited Liability C	lompany," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	820 CR 548	<u>}</u>	
(Principal office address MUST BE A STREET A	DDRESS)	Bushaull, F	L 335L3	
Enter new mailing address, if applicable:	_	PO Box 21	62	
(Mailing address MAY BE A POST OFFICE BO)		Bushnell		
B. If amending the registered agent and/or registagent and/or the new registered office address he	ere:	ress on our record 13lashka	s, enter the nar	ne of the new registered
Name of New Registered Agent:	0.04:	CR 548		· ·
New Registered Office Address:	820	Enter Florida stre	aat addraw	
_	Bushn	Enter Piorida stre		33513 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	James Blashka	820 CR 548.	□Add
		Bushnell, FL 33513	□Remove
			Change
MGR_	Laszlo Tuczai	11048 Roschill Dr.	⊡Add
		Clerment, FL 34711	🗆 Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department of the record specifies a delayed effective cord is filed. Dated		
an effecti ote: 1f (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed)207 I as
		the
nted	L JUNE 2024	
	+3	
	Signature of a member or authorized representative of a member	
	James Blashka	
	Typed or printed name of signee	

Filing Fee: \$25.00