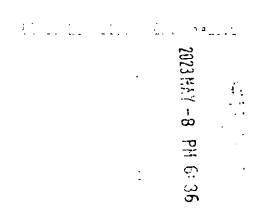
L23000132679

(Requestor's Name)
(Address)
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(0): (0): (0): (1)
(City/State/Zip/Phone #)
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S. FD. 1111

COVER LETTER

Div	rision of Corp	oorations	.•	
SUBJECT:		e Gun Company LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	f Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
		idence concerning this matter		
		Scott Aument II		
			Name of Person	
			Firm/Company	
		4215 Quechua rd		
			Address	
		cocoa FL 32927		
		saument1986@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual repe	rt notification)
For further in	nformation co	neerning this matter, please ca	df:	
Scott Aumer	nt f I		321 362-32	
	Name of	Person	Area Code I	Daytime Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	Filing Fee	LI \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	i į	Street Addre	:88:

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

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

Independence Gun Company LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re- limited Liability Company!	cords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 3/15/23	and assigned
Florida document number L23000132679	<u>-</u> -	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	
Enter new principal offices address, if applicable:		2023
Principal office address MUST BE A STREET ADDRE	<u> </u>	TF.
		<u>.</u>
		PE
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ldress
	·	, 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>	<u>Name</u>	Address	Type of Action
MGR	Scott Aument II	4215 Quechua Rd cocoa fl 32927	
		,	□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			UAdd
			□Remove
			Change
			UAdd
			□Remove
			□ Change

					
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	<u> </u>				
ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and can ck does not meet	not be prior to da the applicable	te of filing or more statutory filing re	(option than 90 days after fi equirements, this o	ling.) Pursuant to 605.0
cord specifies a delayed effective filled.	date, but not an e	effective time, a	at 12:01 a.m. on (he earlier of: (b)	The 90th day after
May, Ist		023			
0		 .			
	~	1 /			

Filing Fee: \$25.00