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## **COVER LETTER**

TO: Registration Division of C	Section Corporations			
Palm Be SUBJECT:	ach Elite Tactical Services LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Darrin Stinnett			
Name of Person				
Palm Beach Elite Tactical Services LLC				
Firm/Company				
	7792 Great Oak Dr			
		Address		
	Lake Worth, Florida 3346	7		
	darrinhs011@bellsouth.net	City/State and Zip Code	23	
	E-mail address:	to be used for future annual report notifi	cation)	
For further informatio	n concerning this matter, please o	all:	  	
Darrin Stinnett		561 629-6890	\ <del>\</del>	
Name of Person			Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Hahassee Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Elite Tactical Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 27, 2023 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L23000208244 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

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	Zachary Gabrion	7792 Great Oak Dr	
		Lake Worth, Fl 33467	□ Remove
			□Change
			□Add
			□ Remove
			☐ Change
			Add Add Remove
			Remove
<del></del>			— Change
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Channe

Typed or printed name of signee