Division of Corporations Electronic Filing Cover Sheet

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(((11240003902363)))



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Fax Number : (850)617-6383

From:

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Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Ad	ddress:_	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TACTICAL TURTLE SOLUTIONS LLC

Certificate of Status	0
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Help

COVER LETTER

Division of Car	ection pocations							
• •	TACTICAL TURTLE SOLUTIONS LLC							
SUBJECU:								
sed Articles of	Amendment and fee(s) are sub	mitted for filing						
um all correspo	indence concerning this matter	to the following:						
	Mike Town							
	marrie aran (100 Secret) h 6 of 4 for 6 arriv 1100mm a confidence second of	Name of Person						
	Legalzoom com, Inc.							
		Firm/Company						
	9900 Spectrum Dr							
		Address						
	Austin, TX 78717							
		City/State and Zip Code						
	tfutchss@gmail.com							
	E-mail address. (to be used for future annual repo	ort notification)					
r information c	oncerning this matter, please ca	111						
ודא		800 773-08						
Name of Person		Area Code I	Daytime Telephone Number					
is a check for th	ne following amount:							
0 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle						
	r information command correspondent Mame of String Fee MAIL Registre Division P.O. Bo	Name of Lim Sed Attroles of Amendment and fee(s) are sub um all correspondence concerning this matter. Mike Town Legalzoom com, Inc. 9900 Spectrum Dr Austin, TX 78717 If it lebss@gmail.com E-mail address. (it information concerning this matter, please cases Name of Person Sea check for the following amount: O Filing Fee \$\sum_\$ \$30.00 Filing Fee & Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	TACTICAL TURTLE SOLUTIONS LLC Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing am all correspondence concerning this matter to the following: Nike Town Name of Person Legalzoom com, Inc. Firm Company 9900 Spectrum Dr Address Austin, TX 78717 Chy/State and Zip Code Iffitchss@gmail.com E-mail address. (to be used for future annual report information concerning this matter, please call set a check for the following amount: Defing Fee Set Certified Copy (additional copy is exclosed MAILING ADDRESS: Registration Section Division of Corporations P.O Bos 6327 Ciffico Buik Ciffic					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACTICAL TURTLE SOLUTIONS LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.23000302997	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be disunguishable and contain the words "Lim	nted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2024	
(Principal office address MUST BE A STREET ADDR	<u>RESS)</u>	<u> </u>
Enter new mailing address, if applicable:		ASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)	Q. ?	
		0 6
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	Chy	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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Danielle trene Futch	2945 SE 14th St Ocala, FL 34471	
			□ Remove
			Change
AMBR	Karlie Lorelei Futch	2945 SE 14th St. Ocala, FL 34471	■ Add
			□ Remove
			Change
		<u> </u>	Add
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			D Add
			Remove
			□ Change

To:

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Typed or printed name of signee

Thomas Allen Futch

Filing Fee: \$25.00