## U23000315870

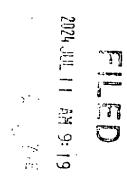
(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Div	ision of Cor	porations			
	_	are Arms LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The encloses	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
		endence concerning this matter	-		
		Daniel L. Hoffman			
			Name of Person		
		Right To Bare Arms LLC			
			Firm/Company		
		1191 27th AVE			
			Address		~ >
		Vero Beach, fL. 32960			2024 JUL 11 AM 9: 1
			City/State and Zip Code		
		Decantmeup@gmail.com			=
		E-mail address: (	to be used for future annual report notif	ication)	)   
For further is	nformation c	oncerning this matter, please c	all:		ب
Daniel L. Ho	offman		772 643-7900		1. 6
	Name o	f Person	at () Area Code Daytime	Telephone Number	<del></del>
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Ce (additional co	of Status &
Reg	iling Addres	Section	Street Address: Registration Sec		
ווט	asion of C	orporations	Division of Corp	orations	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Right To Bare Arms LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/03/2023</u>	and assigned
Florida document number L23000315870		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Decant Me Up LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
		27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7
		ن و
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the	, —
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Zin 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 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	Jessica Hoffman	1191 27th Ave. Vero Beach, Fl. 32960	\
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ffective date, if other than t	he dute of filis	na.		(or	otional)	
an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	nust be specific ar block does not	nd cannot be prior meet the applic	able statutory fili	more than 90 days a	fter filing.) Pursu	
record specifies a delayed effec I is filed.	tive date, but no	ot an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th	day after the
ated		2024				

Filing Fee: \$25.00

Typed or printed name of signee