## L23000333165

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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## **COVER LETTER**

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то:	Registration Sec Division of Corp			
	The Green D	Pragon Armory, LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		Jen	nifce Comel Name of Person	
		Ine ales	CO DECADO ARM Firm/Company	oly LLC
		8399 WIG	Olidae Way	
		Weeki W	City/State and Zip Code	<u>V13</u>
		Heavend	20000 LO DE 4 C	OUTLOOK COM
For furt	her information co	ncerning this matter, please ca	all:	
V	enneth Name of		at (336) 3011 Area Code Daytin	1474 ne Telephone Number
Enclose	d is a check for the	e following amount:		
₩ \$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 (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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**

The Green Dragon Armory, LLC		
(Name of the Limited Liab	ility Company as it now appears on or ida Limited Liability Company)	r records.)
(itties)		17
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Torida document number 13/1/1/33311		
Torred document number (Myy)	<del>.)-</del> `	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mitad liahility campany hare:	
to amending name, enter the new name of the in	mied natimety company nere.	
he new name must be distinguishable and contain the words "L	imited Liebility Company "the decimant	on "I I C" or the abbreviation "I I C "
ne new name must be distinguishable and contain the words.	imited Ciabinty Company, the designati	on LLC or the abbreviation L.L.C.
Inter new principal offices address, if applicable:	·	<del>!</del> -
<u>Principal office address MUST BE A STREET ADI</u>	ORESS)	123
		1 (3
Inter new mailing address, if applicable:		-5
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	ස
. If amending the registered agent and/or register		, enter the name of the new reg
	:	
gent and/or the new registered office address here  Name of New Registered Agent:	: 	
gent and/or the new registered office address here		et address
gent and/or the new registered office address here  Name of New Registered Agent:	: Enter Florida stre	et address
gent and/or the new registered office address here  Name of New Registered Agent:		et address Florida Zip Code

## 2

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	LennethComee	8399 Wind Edge Way Weeki Wachee FL 344	<b>⊠</b> Add
		Weeki Warnee FL 344	al3 □Remove
			□ Change
			□ Add
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing  e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed
filed.	a.m. on the earlier of: (b) The 90th day after the
September 1 aba3	
Signature of member or authorized represen	ntative of a member
Signature of a memory of authorized represent	