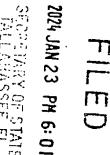
L23000517708

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Office Use Only



01/23/24--01028--014 **60.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Parabellum Pmm0 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Giovanni Garrio IV
Havoc Ballistics LCC
342 NOVANVIEW St.
Port Charlotk FL 33954 City/State and Zip Code
E-mail address: (to be used for future amulal report notification)
For further information concerning this matter, please call:
Giovanni Garsiulu at (941) 468-7864 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

A Company of the Company

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**

Paratallum Am	MO UC
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12300517708	were filed on $11/5/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited light HAVOC POLISTICS The new name must be distinguishable and contain the words "Limited Liab	LLC
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	32 23 T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Cny Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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			□Change

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		Signature of a member of authorized representative of a member