

L24 000 159 479



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

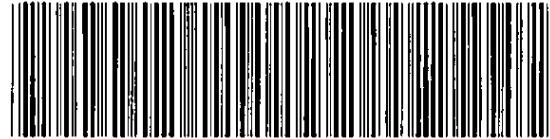
(Business Entity Name)

(Document Number)

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2024 AUG 23 PM 1:35

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shawn Marx LLC

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:

Jonathan P. Hermes, Esq.

Name of Person

Ginn & Patrou, PLLC

Firm/Company

460 A1A Beach Blvd.

Address

St. Augustine, FL 32080

City/State and Zip Code

jhermes@ginnpatrou.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan P. Hermes, Esq.

904

461-3000

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Shawn Marx 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 04/03/2024 and assigned
Florida document number L24000159479.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Locked n Loaded Academy LLC

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:

Ginn & Patrou, PLLC

New Registered Office Address:

460 A1A Beach Blvd.

Enter Florida street address

St. Augustine

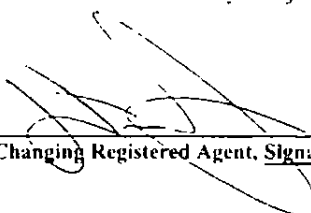
Florida 32080

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shawn Marx	3006 Five Oaks Ln.	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chad Saunders	3006 Five Oaks Ln.	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shawn Marx	3006 Five Oaks Ln.	<input type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anamaris Marx	3006 Five Oaks Ln.	<input type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 5, 2024 2nd meeting

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00