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COVER LETTER

то:	Registration Se Division of Cor			
cun Inc	Lefty's Tact	tical, LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The enci	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Trisha Del Rosario		
			Name of Person	
			Firm/Company	
		7120 NW 173rd Drive, #1	201	
			Address	·
		Hialeah, FL 33015		SECTION SECTION
		Trishad23@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please c	all:	
Trisha D	Del Roario		617 363-6065 at ()	
	Name o	of Person	Area Code Daytir	ne Telephone Number
				· .
Enclosed	d is a check for th	he 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			Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lefty's Tactical, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Comparting document number L24000292057 .	ny were filed on <u>06/28/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L	.LC" 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)		SE SE SE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	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 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
AMBR	Trisha Del Rosario	7120 NW 173rd Drive, #1201	□Add
		Hiałeah, FL 33015	■ Remove
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				07/01/2024					1	
Effective	e date, if other tive date is listed, t	than the da	to of filings		o data of filing	or more than	(optio	nai)	ri nant to 605	5.0207
f an effect Note: - If	tive date is listed, the date inserted	ne date must be I in this block	specific and ca does not me	innot be prior i	ible statutory	filing requir	ements, this	date will n	ot be list	ed as
documen	t's effective date	on the Depa	rtment of Sta	te's records.						
record s	specifies a delay	ed effective d	ate, but not a	n effective tir	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th	day afte	r the
d is filed										
Dated $\frac{07}{2}$	7/24/2024									
_	77									
	, ,									

Typed or printed name of signee

COVER LETTER

Division of Co	rporations		
	etical, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Trisha Del Rosario		
		Name of Person	
		Firm/Company	
	7120 NW 173rd Drive, #1	201	
		Address	
	Hialeah, FL 33015		- 100 F
	Trishad23@gmail.com	City/State and Zip Code	SEP T
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifica	SECRETARY OF STATE SECRETARY OF STATE
Trisha Del Roario		617 363-6065 at ()	57 FL
Name	of Person	Area Code Daytime T	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ion

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

TO: Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303