

L24000364154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

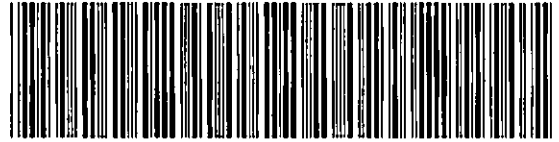
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP -4 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 SEP -4 PM 3:06
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00 _____

AUTHORIZATION SIGNATURE: _____ *Jan Sullivan*

Bryant Ballistics Systems LLC L24000364154

BUSINESS (Name) Document #.

___ Walk in ___ Pick up time _____

___ Mail out ___ Will wait

___ Photocopy

___ Certified Copy

___ Certificate of Status

NEW FILINGS

- ___ Profit
- ___ Not for Profit
- ___ Limited Liability
- ___ Domestication
- ___ CORP
- ___ LLLP

AMMENDMENTS

- Amendment
- ___ Resignation of R.A. Officer/Director
- ___ Change of Registered Agent
- ___ Dissociation or Resignation
- ___ Merger
- ___ Conversion

OTHER FILINGS

- ___ Annual Report
- ___ Fictitious Name
- ___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

- ___ Foreign Filing
- ___ Limited Partnership
- ___ Reinstatement
- ___ Trademark
- ___ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRYANT BALLISTICS SYSTEMS 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:

Jarred Bryant
Name of Person
BRYANT BALLISTICS SYSTEMS LLC
Firm/Company
1238 180th st
Address
Weirsdale, florida, 32195
City/State and Zip Code
Jarred@bryantballisticsystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jarred Bryant at (352) 356-5311
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
Tallahassee, FL 32303

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

FILED

2024 SEP -4 AM 10: 55

BRYANT BALLISTICS SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/19/2024 and assigned Florida document number 124000364154.

This amendment is submitted to amend the following:

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

BRYANT BALLISTIC SYSTEMS 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: Jarred Bryant

New Registered Office Address: 1238 SE 180TH STREET

Enter Florida street address

weirsdale, Florida 32195

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.

Jarred Bryant

If Changing Registered Agent. Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 4th 2024

Jarred Bryant

Signature of a member or authorized representative of a member

Jarred Bryant

Typed or printed name of signee