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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | -iling Officer: | |
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | |
|---------------------------------|--|--|--|
| SUBJECT: Free | eman Family Name of Lim | FIREURYS LLC ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Chad F | reeman Name of Person | |
| | Freeman | Family Firearms | LLC |
| | 16744 Eas | it Edinburgh dr | ive |
| | Lexahatch | ee Florida 334 | 170 |
| | Freeman ch | el Florida 334 City/State and Zip Code ad (40) amail·Co to be used for future annual report notificat | ion) 22 |
| For further information c | oncerning this matter, please c | all: | , <u> </u> |
| Chad Fo | reeman | at (541) 644 - | 0384 = [|
| Name o | f Person | all:at (<u>544</u> - Area Code Daytime Te | lephone Number ω |
| Enclosed is a check for th | ne following amount: | | |
| | ☐ \$30.00 Filing Fee & Certificate of Status | | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: Registration Section | nn |
| Registration S Division of C | | Division of Corpor | |
| P.O. Box 632 | - | The Centre of Tall | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| , 0.0, 10- | mily firearms LLC | | |
|--|---|---------------------|-----------|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liab Florida document number <u>しみ4<i>00</i>0</u> 4 <i>0</i> 4 <i>d</i> | oility Company were filed on $9-16-2024$ | and assign | ied |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liability company here: | | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," the designation "LLC" or the a | abbreviation "L.L.C | |
| Enter new principal offices address, if applicab | de: | | |
| (Principal office address MUST BE A STREET) | ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | 2024 | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | <u> </u> |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | istered office address on our records, <u>enter the nar</u> <u>here</u> : | ine of the new r | egisteret |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | . 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 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 | Chad Freeman | 16744 East Edinburgha | Add |
| | | Loxabatchee FL 33470 | □Remove |
| | | | □Change |
| MGR Erich Freeman | Erich Freeman | 16684 G7+hC+ North | □Add |
| | | Loxahatchel FL 33470 | Remove |
| | | | □Change |
| MGR | Sessica MFreeman | 16684 G7thct North | □Add |
| | | Loxahatchee FL 33470 | (XRemove |
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| . 11 4111 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an et Note: | tive date, if other than the date of filing: |
| the reco | rd 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 iled. |
| Dated | |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00