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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA C	ITY SHOOTERS SUPPLY IN	Ŀ.
document number: <u>709<i>0</i>000 488</u> 4	.9	<u> </u>
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
MARI	O SUAREZ	
	Name of Contact Person	
FLORIDACI	Y SHOOTS RS SUPPLY, INC	•
	Firm/ Company	<u> </u>
(00D No	PRTH FLAGLER AUE, SU	ITE 201
	Addless	
HOHEST	EAD FL 33030	
	City/ State and Zip Code	
MMMMSによてe E-mail address: (to be u	sed for future annual report notification)	
For further information concerning this matter, plea	se call:	
Timothy Stickney Name of Contact Person	at (305) 341-	3059
Name of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of Sta	e:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified (Addition is enclosed)	e of Status Copy al Copy
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions
Tallahassee, FL 32314	2661 Executive Cent	er Circle
•	Tallahassee, FL 3230)1

Articles of Amendment to Articles of Incorporation

FLORIDA CITY SHOOTERS SUPP	PLY, TAK.
(Name of Corporation as currently filed with the F	dorida Dept. of State)
P09 0000 4 8869	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
N/A name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FILED AVA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent Timothy Stic	! <ney< td=""></ney<>
260 Crandon (Florida sti	Blud., Suite 14
New Registered Office Address: Key Discayne (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New Registered	with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>9</u>	Dennis G. COATES	1460 NE 10 6T HONGSTBAD FL 33033
2) Change Add Remove	<u>PT</u>	Mario Suarez	1000 N FLAGLER AUE HOMESTEAD FL 33030 Suite 201
3) Change Add Remove	<u>vP</u>	Daniel A. Collins	HOMESTRAD FL 3305
4) Change Add Remove	<u>u,S</u>	Michael K. Williams	1000 N FLAGLER AUE, Swite 201 HOMASTEAD FL 330>0
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	rticles, enter change(s) here: (Be specific)
N/A	
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	<u> </u>
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<u>t an amendment provides for an exc</u> provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	interior with contained in the amendment in the
NA	
IV (A	<i>i</i>
	
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The date of each amendment(s) adoption: June 22, 2012	
Effective date <u>if appli</u>	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)
The amendment(s) by the shareholders	was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number	of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) action was not requ	was/were adopted by the board of directors without shareholder action and shareholder ired.
The amendment(s) action was not requ	was/were adopted by the incorporators without shareholder action and shareholder ired.
Date	June 22, 2012
Sign	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	President/Treusures
	(Title of person signing)