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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NATIONAL INST	ITUTE OF FIREARMS, IN	NC.	
DOCUMENT NUMB				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
(CHRISTOPHER GILLETT			
-		Name of Contact Persor	1	
ì	NATIONAL INSTITUTE OF	F FIREARMS, INC.		
-		Firm/ Company	<u></u>	
4	4798 S. FLORIDA AVE.SUI	. ,		
-		Address		
1	LAKELAND, FL 33813			
-		City/ State and Zip Code		
CGILI	_ETT@NIOF.ORG			
	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
CHRISTOPHER GILL	ETT	863 at (de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Talla	hassee, FL 32314	2661 E	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

NATIONAL INSTITUTE OF FIREARMS, INC.

(Name	of Corporation as currently	filed with the Florida	Dept. of State)		
P18000025213					
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporat	ion adopts the following	g amendn	ient(s)
A. If amending name, enter the new na	ame of the corporation:				
N/A				The ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional co		- hhreviatio)//
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S				20	
			; 	0 8	e #
				_ ``	,
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	<u>.</u>	ယ်	
(Muning address MAT BE A POST	OFFICE BOX)			工	. :
			· · · · · · · · · · · · · · · · · · ·	े क	•
				. 9	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter th	e name of the		
Name of New Registered Agent	CHRISTOPHER GILLETT				
	4798 S. FLORIDA AVE. SU	JITE 314			
	(Florida stree	i address)			
New Registered Office Address:	LAKELAND		. Florida 33813		
1	(0	liy)	(Zip C	ode)	
New Registered Agent's Signature, if c					
I hereby accept the appointment as regist	ered asont. I am familiar wi.	th and accomplishe oblig	ations of the position.		
	Cit/11	X On			
	Signature of New Reg	istered Agent, if chang	ging		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	ANTONIO DOWELS	371 AUDUBON OAKS DR
Add			APT 101
X Remove			LAKELAND, FL 33809
2) Change	PD	CHRISTOPHER GILLETT	4798 S. FLORIDA AVE
X Add			SUITE 314
Remove			LAKELAND, FL 33813
3) Change			
Add			-
Remove			
4) Change			
Add			44: 4
Remove			
5) Change			
Ad d			
Remove			
6) Change			
Add			
Remove			 -

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	_

	N/A	
The date of each amendment(s) date this document was signed.	adoption:, if other	than the
_	'A	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes co	st for the amendment(s) was/were sufficient for approval	
N/A by	(voting group)	
,	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
9/30/201 Dated Signature	Million Com	
(B y)	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	CHRISTOPHER GILLETT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .