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SECRETARY OF STATE
SECRETARY OF STATE
AND AHASSEE. FLORIDA

T. CLINE APR 2 2 2010

EXAMINER

## COVER LETTER

	on of Corporations				
SUBJECT: _	Drive I	Drive by Ammo, LLC			
		Name of Limited Liability Company			
The enclosed A	Articles of Amendment and fee(s) are su	bmitted for filing.			
Please return a	ll correspondence concerning this matte	r to the following:			
		Name of Person			
	Star Propertiews				
	Firm/Company				
	PO Box 5299				
		Address	2010 APR SECRET		
	Tampa, FL 33675				
	City/State and Zip Code				
	fva E-mail address:	lente@tampabay.rr.com (to be used for future annual report notification)	AM D: 58 SEE, FLORID		
For further info	ormation concerning this matter, please	•	IDE S		
	Frank Valente	at ( 813 ) 435-7			
	Name of Person	Area Code & Daytime Teleph	one Number		
Enclosed is a	check for the following amount:				
\$25.00 Fili	ng Fee \$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited ) (A	RIVE BY A Liability Compar Florida Limited L	MMO, LLC  ny as it now appears on containing the company)	our records.)					
The Articles of Organization for this Limited Lia Florida document number	• • •	were filed onMa	rch 2, 2010	and assign	ned			
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liab	ility company here:						
Safety First Ammo, LLC								
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation "L	LC" or the abl	previation			
Enter new principal offices address, if applicable:		9625 Wes Kearne	ey Way 📑	s_26				
(Principal office address MUST BE A STREET ADDRESS)		Riverview, FL 335	578		essa hari			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1	<u>30X)</u>	9625 Wes Kearne Riverview, FL 335	ASSEE, FLOR	APR 21 AM 10: 59	m			
B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	ice address her	g: Kearney Way	ecords, enter t		the new			
		Riverview	, Florida	33578				
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR≠ Manager

MGRM = Managing Member **Address** Type of Action **Title** <u>Name</u> MGR Bing Kearney 9625 Wes Kearney Way Riverview, FL 33578 √ Add Remove Charles W. Kearney III MGR ✓ Add 9625 Wes Kearney Way Remove Riverview FL 33578 MGR Bing Kearney ☐ Add 5115 Joanne Kearney Blvd Tampa, FL 33619 Charles W. Kearney III MGR 5115 Joanne Kearney Blvd Remove Tampa, FL 33619 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. April 12, 2010 Dated \_\_ Signature of a member or authorized representative of a member Charles W. Kearney, III Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00