

L10000023551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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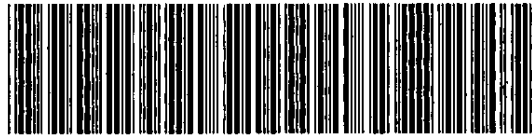
(Business Entity Name)

(Document Number)

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T. CLINE

APR 22 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Drive by Ammo, 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:

**Frank Valente**  
Name of Person

**Star Propertiew**  
Firm/Company

**PO Box 5299**  
Address

**Tampa, FL 33675**  
City/State and Zip Code

**fvalente@tampabay.rr.com**  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**Frank Valente** at ( **813** ) **435-7149**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

DRIVE BY AMMO, LLC

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

The Articles of Organization for this Limited Liability Company were filed on March 2, 2010 and assigned Florida document number L10000023551.

This amendment is submitted to amend the following:

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

Safety First Ammo, LLC

The new name must be distinguishable and end with 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)**

9625 Wes Kearney Way  
Riverview, FL 33578

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

9625 Wes Kearney Way  
Riverview, FL 33578

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**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: \_\_\_\_\_

New Registered Office Address:

9625 Wes Kearney Way

*Enter Florida street address*

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 Changing Registered Agent, Signature of New Registered Agent**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bing Kearney	9625 Wes Kearney Way Riverview, FL 33578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Charles W. Kearney III	9625 Wes Kearney Way Riverview, FL 33578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Bing Kearney	5115 Joanne Kearney Blvd Tampa, FL 33619	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Charles W. Kearney III	5115 Joanne Kearney Blvd Tampa, FL 33619	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

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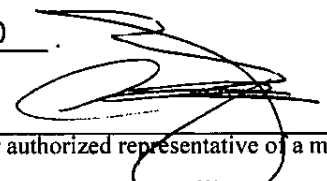
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated April 12, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Charles W. Kearney, III  
 \_\_\_\_\_  
 Typed or printed name of signee