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B. KOHR
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**EXAMINER** 



## **COVER LETTER**

TO: <sup>1</sup> Registration Section

Division of	Corporations			
SUBJECT: _	Armor O	il Products, LLC	, m.	
		ited Liability Company	10 SECT	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	10 JAN 11 AN 11:06	
Please return all corr	espondence concerning this matte	r to the following:		
		David Barkett Name of Person	<u> </u>	
		Name of terson		
Armor Oil Products, LLC				
		Firm/Company		
1601 McCloskey Blvd.				
		Address		
		Tampa, FL 33605		
		City/State and Zip Code		
	F-mail address:	davidb@amalie.com to be used for future annual report not	(feetion)	
For further information	on concerning this matter, please	•	meanony	
To rather mornati	on concerning uns matter, picase o	carr.		
	David Barkett	at (_813_)	767-9624	
Nai	me of Person	Area Code & Daytii	ne Telephone Number	
Enclosed is a check f	or the following amount:			
2 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)	
Reį Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Armor Oil Products, LL	C	是 经		
(Name of the Limite	d Liability Company as it now ap A Florida Limited Liability Compa	opears on our records.)	CORPE		
The Articles of Organization for this Limited I Florida document numberL0500001		February 1, 2005	and assigned in the second		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company	<u>/ here</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	ompany," the designation "Ll	.C" or the abbreviation		
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
			<del></del>		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	E BOX)				
	<del></del>				
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:	Deborah Ann Barkett				
New Registered Office Address:		Enter Florida street addre	255		
	City	, Florida	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 Address **Type of Action** Title Name **David Dwayne Browning** MGRM 701 South Howard Avenue, Suite 106 √ Remove Tampa\_FL 33606 Deborah Ann Barkett MGRM 1601 McCloskey Blvd. ✓ Add Tampa FL 33605 Remove ☐ Add Remove Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Dec 31,1 2009 Signature of a member or authorized representative of a member **David Barkett** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00