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PICK-UP	☐ WAIT ☐ MAIL	
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
L. SELLERS		

JAN 17 2008

**EXAMINER** 

Office Use Only



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CRETARY OF STATE LANASSEE, FLORID

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Captain Mike's Ocean Harves (Name of Li	it, LLC
The enclosed Articles of Amendment and fee(s) are surely please return all correspondence concerning this matter.	
Curtis L. Shenkman	Name of Person)
DeSantis, Gaskill, S	Smith & Shenkman, PA (Firm/Company)
11891 US Highway	One (Address)
North Palm Beach,	FL 33408 (City/State and Zip Code)
For further information concerning this matter, please	call:
Curtis L. Shenkman, Esq. (Name of Person)	at (561 ) 622-2700 (Area Code & Dayrime Telephone Nümber)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tällahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Captain Mike's Ocean Harv	est, LLC	
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ts.</u> ) :
The Articles of Organization for this Limited L	iability:Cómpany were filed on 1/23/2006	and assigned
Florida document number <u>L0600007719</u>	<del></del>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
Onyx Personal Defense, LLC		
The new name must be distinguishable and end wit 'L.L.C."	h the words "Limited Liability Company," the designa	ition "LLC" or the abbreviation
B. If amending the registered agent and/or the new registered of	or registered office address on our records, <u>e</u> <u>fice address here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		,
ANN AND MAN OF THE PARTY OF THE	(Enter Florida street address)	
	, Florida	
	(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 **Title** <u>Address</u> Type of Action <u>Name</u> MIR. Shawn Gordon 1305 Hill AUE.

WEST PAIN BEACH, FL 33407

MAR. JAMIE HACK 1305 HILL AVE.

West Palm Beach, FL 33407 Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Ginny Hack, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00