## 1060000 16824

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500335148995

19/01/19--91011--916 \*\*25.00



0CT 1 7 2019 S. YOUNG

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HURRICANE ARMOR, LLC	1	ተጠ		
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	nry as it now appears on our r Lability Company)	ecords.)	77
The Articles of Organization for this Limited I Horida document number 1.06000016824	iability Company		. ca	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Lainited Laabi	hty 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)		88 CHILLI II: BROCH'E I		
		81 JOHNS, 11 32259		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		88 GHILLIE BROGUE I		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:  Name of New Registered Address:	CHARLES VI.	ffice address on our regets  NCENT GAFFNEY  BROGUE LANL  Later Herolassicers	uhltess	<del></del>
	ST JOHNS		Florida 32259 Zip Code	
		Car	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 605, 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.

Charles J. Della Registered Agent Signature Kev Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BARRY GRAHEK	4230 PABLO PROFESSIONAL COURT, SUITE 200	🗀 Add
		JACKSONVILLE, FL 32224	
			, Ill Remove
			☐ Change
MGMR	CHARLES VINCENT GAFFNEY	88 GHILLIE BROGUE LANE 81 JOHNS, FL 32259	<b>B</b> Add
			□ Change
			C) Add
			☐ Remove
			(I) Change
·			🗖 Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			□ Remove
			☐ Change

				<del></del>			<del></del>
<del></del> -						***	
	<u></u>						
-				<del>.</del> ,			
	<del></del> -					<del></del>	
<del></del>	········						<del></del>
•							
							·····
							<del></del>
fan effective <u>Vote:</u> If th	ate, if other than date is listed, the date e date inserted in th effective date on the	e must be specific a iis block does not	ind cannot be pr t meet the app	aor to date of 111 dicable statuto	mg of more than 9		
	specifies a dela h day after the			not an effe	ctive time, at	12:01 a.m. o	n the earlier o
Dated	1/25 Chulu	7 0-	2010	1			
	CV.V.	11 4	11 .				
		Signature of	a member or a	ithorized renres	entative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00