

LD6000066642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

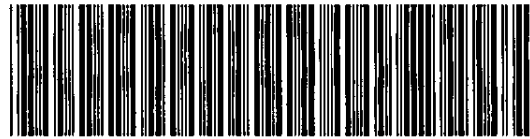
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. Culligan OCT 14 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARMAR, L.L.C.

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:

MICHAEL A LAMPERT ESQ

Name of Person

MICHAEL A LAMPERT PA

Firm/Company

1655 PALM BEACH LAKES BLVD. SUITE 900

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

MICHAEL@LAMPERTTAXLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL

Name of Person

561 689-9407

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2013

MICHAEL A. LAMPERT ESQ.
1655 PALM BEACH LAKES BLVD.
SUITE 900
WEST PALM BEACH, FL 33401

SUBJECT: ARMAR, L.L.C.
Ref. Number: L06000066642

We have received your document for ARMAR, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00023478

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

2013 OCT 14 PM 12:44

SECRETARY OF STATE,
TALLAHASSEE, FLORIDAARMAR, L.L.C.

(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 6/30/2006 and assigned
Florida document number L06000066642.

This amendment is submitted to amend the following:

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

ARMAR ASSOCIATES, L.L.C.

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)

788 HARBOUR ISLES COURTNORTH PALM BEACH, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

788 HARBOUR ISLES COURTNORTH PALM BEACH, FL 33410

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTHONY E LAMPERT	788 HARBOUR ISLES CT	<input checked="" type="checkbox"/> Add
		NORTH PALM BEACH, FL 33410	<input type="checkbox"/> Remove
MGR	ARNOLD L LAMPERT	1655 PALM BEACH LAKES BLVD.	<input type="checkbox"/> Add
		SUITE 900	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated October 1, 2013


Signature of a member or authorized representative of a member

Anthony Lampert
Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA