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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

SEP - 8 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B.G.J.S. MANUFACTURING, 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:

JAMES C. KINKOFF  
(Name of Person)

B.G.J.S. MFG, LLC DBA: FLORIDA ARMS MFG  
(Firm/Company)

41 LAKE MORTON DR, #25  
(Address)

LAKELAND, FL. 33801  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES C. KINKOFF at (863) 602-1515  
(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

B.G.J.S. MANUFACTURING, 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 MAY 15, 2007

Florida document number L 07000051728

This amendment is submitted to amend the following:

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

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)

41 LAKE MORTON DR, #25  
LAKELAND, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

41 LAKE MORTON DR, #25  
LAKELAND, FL 33801

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:

JAMES CHARLES KINKOPF

New Registered Office Address:

41 LAKE MORTON DR, #25 LAKELAND FL 33801  
(Enter Florida street address)

LAKELAND

(City)

Florida

33801

(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.

James C. Kinkopf  
(If Changing Registered Agent, Signature of New Registered Agent)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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	Name	Address	Type of Action
PRESIDENT TREASURER	JAMES C. KINKORF	618 CASSANDRA LANE LAKELAND, FL 33809	<input checked="" type="checkbox"/> Add NEW TITLE <input type="checkbox"/> Remove
VICE PRESIDENT SECRETARY	GARET VON BENECKE	510 GOOLSBY BLVD. #5 DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Add NEW TITLE <input type="checkbox"/> Remove
VICE PRESIDENT MANUFACTURING	STAN MEACHAM	510 GOOLSBY BLVD. #5 DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Add NEW TITLE <input type="checkbox"/> Remove
VICE PRESIDENT BUSINESS DEVELOPMENT	BOBBY JOE POTTER	41 LAKE MORTON DR. #25 LAKELAND, FL 33801	<input checked="" type="checkbox"/> Add NEW TITLE <input type="checkbox"/> Remove NEW ADDRESS
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

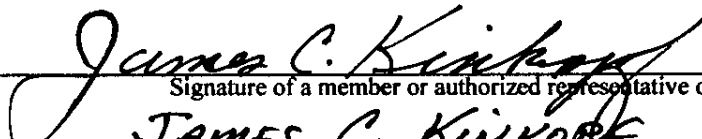
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TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member  
JAMES C. KINKORF  
Typed or printed name of signee