

LO7000125208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

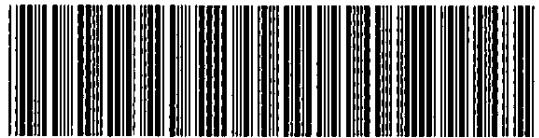
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2009 JUL -7 PM12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 8 2009

EXAMINER

789 707 671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

AARON ARMS, LLC

Name of Limited Liability Company

DOCUMENT # L07000125208

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENNETT M. LITTE

Name of Person

AARON ARMS, LLC

Firm/Company

17760 NW 2nd Ave #200

Address

Miami FL 33169

City/State and Zip Code

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

FILED
2009 JUL -7 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ROBINSON SEDA JR.

Name of Person

at (*305*) *652-5506*

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2009

BENNETT M. LIFTER
17760 NW 2ND AVE #200
MIAMI, FL 33169

SUBJECT: AARON ARMS, LLC
Ref. Number: L07000125208

We have received your document for AARON ARMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 209A00021543

FILED
2009 JUL - 7 PM 12:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Aaron Arms 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 12/18/2007 and assigned
Florida document number 207000125208

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: *N/A*

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

Title	Name	Address	Type of Action
MGR	Bennett M. Lifter	17760 NW 2 Ave. Suite 200 Miami Gardens, FL 33169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Bennett M. Lifter Inc.	17760 NW 2 Ave. Suite 200 Miami Gardens, FL 33169	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

Dated

June 30, 2009

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2009 JUN 17 PM 12:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE