

L08000097154

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Apr 1 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2010

EDUARD CHITAKHYAN
ARMEXGROUP, LLC
2431 ALOMA AVE., STE. 251
WINTER PARK, FL 32792

SUBJECT: GILS LLC
Ref. Number: L08000097154

We have received your document for GILS 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):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2009 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, www.sunbiz.org. Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 310A00006881

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARMEXGROUP 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:

EDUARD CHITAKHYAN

Name of Person

ARMEXGROUP LLC

Firm/Company

2431 ALOMA AVE SUIT 251

Address

WINTER PARK, FL 32792

City/State and Zip Code

ARMEXGROUPLLC@YAHOO.COM

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

For further information concerning this matter, please call:

EDUARD CHITAKHYAN

Name of Person

at (407)

535-5762

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GILS 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 10/14/2008 and assigned
Florida document number L 08000097154.

This amendment is submitted to amend the following:

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

ARMEXGROUP LLC

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:

2431 ALOMA AVE SUIT 251

(Principal office address MUST BE A STREET ADDRESS)

WINTER PARK, FL 32792

Enter new mailing address, if applicable:

2431 ALOMA AVE SUIT 251

(Mailing address MAY BE A POST OFFICE BOX)

WINTER PARK, FL 32792

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:

EDUARD CHITAKHYAN

New Registered Office Address:

2431 ALOMA AVE SUIT 251

Enter Florida street address

WINTER PARK

, Florida

32792

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.

[Signature]
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:

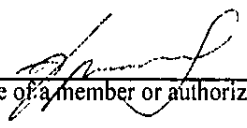
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	UNITED GLOBAL MNGMT	2533 N CARSON ST CARSON CITY, NV 89706-0242	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EDUARD CHITAKHYAN	2533 N CARSON ST CARSON CITY, NV 89706-0242	<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 _____, _____.


Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA