## L08000116885

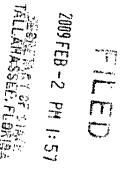
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C. LEWIS
FEB 3 2009
EXAMINER

## **COVER LETTER**

Division of Corporations						
SUBJECT: Saber Tactical Gear, LLC						
Sopolici.	(Name of Limi	ited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	David A. Vale, MGRM					
	David A. Valo, MORNI	(Name of Person)				
	Saber Tactical Gear, LLC	•				
	Gaber Factical Geat, ELC	(Firm/Company)				
	4141 Cocoplum Cir.	(Address)				
	• ••	(Addiess)				
	Coconut Creek, FL 33063	3				
		(City/State and Zip Code)				
For further information co	oncerning this matter, please co	all:				
David A. Vale, MGRM		at ( 954 ) 573-5743				
	f Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for th	e following amount:					
	•					
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55,00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &			
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			

TO:

**Registration Section** 

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 V 2009 FEB - 2 PM 1:57

Saber Tactical Gear 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 12/26/2008	and assigned	
Florida document number L08000116885	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
<u></u>		lorida	
	(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>	Name	Address	Type of Action
MGRM	Tiffany T. Vale	4141 Cocoplum Cir. Coconut Creek, FL 33063	Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
	<del> </del>		Add Remove
D. If ame	ending any other information, enter	change(s) here: (Attach additional sheets, if neces	isary.)
-			<del></del>
-			2109 FEB
Dated	30, JANUARY	2009	B-2 PH
	Signature of a  David A. Vale, M	member or authorized representative of a member GRM	1:58
		Typed or printed name of signee	<b>1</b>

Page 2 of 2

Filing Fee: \$25.00