L09000030084

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2813 JUL 29 PM 1: 22 SECRETARY OF STATE

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COVER LETTER

TO: **Registration Section Division of Corporations** Spartan Armaments, 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: Cathy Miller Name of Person Firm/Company 142 West Platt Street Address 33606 Tampa, FL City/State and Zip Code cathy@pdrllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cathy Miller Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
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(additional copy is enclosed)

□\$60.00 Filing Fee,
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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

Spartan Armaments, LLC		_				
(Name of the Limited L	ability Company	y as it now appears on our ability Company)	records.)			
(AT	iorida Ellinica Eli	ability Company)				
The Articles of Organization for this Limited Liab	oility Company v	vere filed on March 26,	2009	and assign	ned	
Florida document number L0900030084						
Florida document number	·					
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of t	<u>he limited liabil</u>	ity company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the d	lesignation "LLC	" or the abb	reviation	
L.L.C.		_	_	~		
Enter new principal offices address, if applicab	ole:	142 West Platt Stre	et 😤	2011		
(Principal office address MUST BE A STREET	ADDRESS)	Tampa, FL 33606	À	ź E	-17	
			λ (3) λ (3)	- N	# 4 mm 1*	
			ان دان مان	2 6		
		P.O. Box 458	21	e P		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			(1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	n	All The same	
		Tampa, FL 33601				
			75	, 2		
					.,	
B. If amending the registered agent and/or	registered off	ice address on our reco	rds, enter the	name of	the nev	
registered agent and/or the new registered offic						
Name of New Registered Agent:	William Coll	ins				
Traine of from registered rigen.						
New Registered Office Address:	1107 E. Jac	kson Street, Suite 10				
			da street address			
	Tampa		, Florida <u>3</u> 360	orida 33602		
		City		Zip Code		
N. D. C.A. and American Street American De-						

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

	Address <u>T</u>	ype of Action
Bing Kearney	9625 Wes Kearney Way	Add
	Riverview, FL 33578	Remove
Gregory L. Henderson	2901 Brucken Road	Add
	Valrico, FL 33596	Remove
		- Add
	SECRETAJ ALLAHAS	Remove
	SEE. FEORISA	Add Remove
		Add Remove
		Add Remove
		Gregory L. Henderson 2901 Brucken Road Valrico, FL 33596

D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
Dated June 3	
**************************************	Signature of a member or authorized representative of a member
Dona	ld E. Phillips
	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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