

L09000094265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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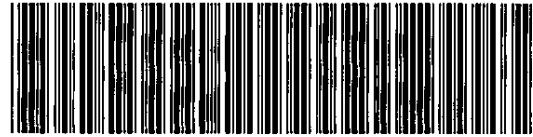
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
10 SEP 21 PM 4:55

B. KOHR

SEP 23 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 21 PM 4:55

**SUBJECT: Agri-Armor, 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:

**Susan E. Hines**  
Name of Person

**Agri-Armor Security, LLC**  
Firm/Company

**18538 Hamilton Rd**  
Address

**Dade City, FL 33523**  
City/State and Zip Code

**hinesx6@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Susan E. Hines** at ( **352** ) **521-0148**  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 21 PM 4:55

Agri-Armor, 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 09/30/2009 and assigned Florida document number L09000094265.

This amendment is submitted to amend the following:

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

Agri-Armor Security, 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:

18538 Hamilton Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Dade City, FL 33523

Enter new mailing address, if applicable:

same as principal office

**(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:**

Name of New Registered Agent:

Susan E. Hines

New Registered Office Address:

18538 Hamilton Rd

*Enter Florida street address*

Dade City

Florida

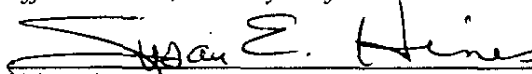
33523

*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.*

  
Susan E. Hines  
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>
MGR	Timothy D. Hines	18538 Hamilton Rd Dade City, FL 33523	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Susan E. Hines	18538 Hamilton Rd Dade City, FL 33523	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Susan E. Hines	18538 Hamilton Rd Dade City, FL 33523	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Timothy D. Hines	18538 Hamilton Rd Dade City, FL 33523	<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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated 09/14/2010

Susan E. Hines  
 Signature of a member or authorized representative of a member  
SUSAN E. HINES  
 Typed or printed name of signee