(Requestor's Name)
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, and a second s
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(Business Entity Name)
(Business Emily Hame)
(Document Number)
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EXAMINER



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COVER LETTER

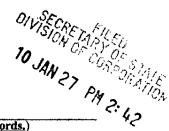
Division of Co					
SUBJECT: Optimal Armor					
Someon.		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Usman Bashir				
Name of Person					
Optimal Armor LLC.					
	Firm/Company				
	1401 S	st. Gabrielle Lane, Apt 3006			
		Address			
	Weston, Florida 33326				
		City/State and Zip Code			
	O:	z@optimalarmor.com to be used for future annual report notifica	tion		
	·	•	tion)		
For further information	concerning this matter, please of	call;			
U	sman Bashir	at (954)	03-0771		
Name	of Person	Area Code & Daytime T	'elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	S55.00 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



Opti	mal Armor LLC.	1		
(Name of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on	11/23/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regis		ur records, enter t	he name of the new	
registered agent and/or the new registered office add	dress here:			
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		***************************************	
	Enter Florida street address			
	Cia	, Florida	7: C - 1.	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGMR	ALBERT GERSH	60 PEMBERTON ROAD, RICHMOND HILL ONTARIO, L4C 3T4	_ Add ☑ Remove
MGMR_	IGOR NAGORNYI	211 MISTYSUGAR TR, THORNHILL ONTARIO, L4J 8T4	☐ Add ☑ Remove
MGR	2231277 Ontario Inc	39 Fairhill Avenue Brampton, Ontario L7A 2F7 Canada	_ ✓ Add _ Remove
			Add Remove
			Add Remove -
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			-
	January 25th 2010		_
Dated	Ahaulou	authorized representative of a member	
		sman Bashir	
	i vbed or	DUINEG USUIC OF STRUCE	

Page 2 of 2

Filing Fee: \$25.00