

210000028345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

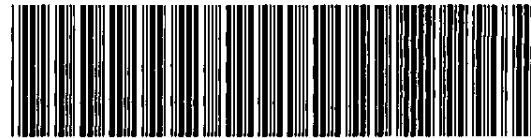
Special Instructions to Filing Officer:

A. LUNT

NOV -1 2011

EXAMINER

Office Use Only



800213496028

10/31/11--01008--015 **30.00

FILED
2011 OCT 31 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sebastian Ammo 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:

Willard Davis

Name of Person

Sebastian Ammo LLC

Firm/Company

245 Sebastian Blvd. Suite C

Address

Sebastian, FL 32958

City/State and Zip Code

contact@sebastianammo.com

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

FILED
2011 OCT 31 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Willard Davis

Name of Person

at (**772**) **388-8888**

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**

Sebastian Ammo 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 3/15/2010 and assigned
Florida document number L10000028345.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

245 Sebastian Blvd.

Suite C.

Sebastian, FL 32958

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

245 Sebastian Blvd.

Suite C.

Sebastian, FL 32958

FILED
2010 OCT 31 PM 1:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Willard Davis

New Registered Office Address:

245 Sebastian Blvd. Suite C

Enter Florida street address

Sebastian

Florida

32958

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.

Willard Davis
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

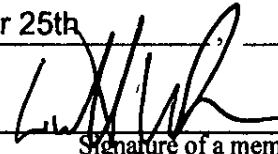
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Crystal Davis	245 Sebastian Blvd. Suite C Sebastian, FL 32958	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Willard Davis	245 Sebastian Blvd. Suite C Sebastian, FL 32958	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mrs	Crystal Davis	116 MORGAN CIRCLE SEBASTIAN FL 32958 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mr.	Willard Davis	116 MORGAN CIRCLE SEBASTIAN FL 32958 US	<input type="checkbox"/> Add <input checked="" 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)

2011 OCT 31 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Dated October 25th 2011



Signature of a member or authorized representative of a member
Willard Davis

Typed or printed name of signee