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Registration Section

TO:

SUBJECT:	Dead (On Arms, LLC	<u>. </u>	
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Craig P. Hawley	···	
		Name of Person		
		Dead On Arms, LLC		
		Firm/Company		
	:	300 SW 143rd Street		
		Address		
		Newberry, FL 32669		
٠, .	,	City/State and Zip Code		
	E-mail address: (cphawley@ to be used for future annual report notifical	tion)	
For further information	concerning this matter, please		•	
	Craig Hawley	at (_352_) 49	94-7739	
Name	e 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	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ILING ADDRESS:	STREET/COURIER	R ADDRESS:	
Divi	stration Section sion of Corporations	orporations Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente Tallahassee, FL 3230		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF COREGNATIONS

12 JUN 12 AM 10: 20

Dead On Arms, LLC
(<u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on October 6, 2010 and assigned Florida document number L10000104894
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)
Enter new mailing address, if applicable: (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:
New Registered Office Address: Enter Florida street address
, Florida
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. Thereby confirm that the limited liability company has been notified in writing of this change.

Page of 2

11 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>	<u>Name</u>	Address	Type of Action
MGRM_	Mindy Hawley	300 SW 143rd Street Jonesville, FL 32669	Add Remove
			☐ Add ☐ Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
D. If amendi 	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE AS DIVISION OF CORPURATIONS 12 JUN 12 AM 10: 20
	June 8201	2	STATE STATE OF STATE
Dated	Julie 6		
	Cr	r authorized representative of a member aig P. Hawley r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00