## L1000116111

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Decume suit Niverback			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600209466816

07/05/11--01010--006 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

JUL - 6 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: PCP Amounition Company 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:			
Charles PADGEU  Name of Person			
PCP Amounition Corporal Firm/Company			
3001 Deas Drive			
Vero Beach, FL 32963 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Charles PADGETT at (407) 974 - 41047  Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy			

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

2011 JUL -5 PM 2 27

SECRETARY OF STATE ALLAHASSEE, FLORIDA

PCP Ammunition Compa (Name of the Limited Liability Compa (A Florida Limited)	Day LC Iny as it now appears on Liability Company)	IALLAHASSEE. FLORIDA	
The Articles of Organization for this Limited Liability Company	were filed on	28/2010 and assigned	
Florida document number L10000116111.	,	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
· NA			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/*		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>·e</u> :	-	
Name of New Registered Agent:	10/2		
New Registered Office Address:	Enter F	Florida street address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and agr	· · · · · · · · · · · · · · · · · · ·	· · ·	

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, 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>Address</u> Type of Action <u>Name</u> MGRM Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 6-28-2011. Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00