00046/64

(Req	questor's Name)
(Add	dress)
(Add	dress)
(City	//State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
· !	A. LUNT

JAN 18 2011

EXAMINER

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COVER LETTER

✓ TÖ:

इ ै:	Registration S Division of Co	Section. Orporations					
SUBJE	·CT·	Gorilla Arms	& Accessories LLC				
SOBOL	<u></u>	 	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The end	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
	Christopher Connell Name of Person						
		Gorilla	a Arms & Accessories LLC				
			Firm/Company				
140 Wornall Drive				J. 71-74-110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	∓	20	
			Address			2012 JAN 17	PCP
Sanford, FL 32771						=	
		000	City/State and Zip Code				ſ
			LLA.ARMZ@GMAIL.com to be used for future annual report notificati	on)		- E	- (
For further information concerning this matter, please call:					KRY OF STATE	3 83	*,
		stopher Connell		8-1679			
	Name	of Person	Area Code & Daytime Te	elephone Number			
Enclose	ed 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 Certificate of Certified Co (additional of	of Statu: opy		ı
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 30x 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Arms & Accessories L		 			
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	irs on our records.				
The Articles of Organization for this Limited Liab	oility Company were filed on	04/19/2011	and assig	med		
Florida document numberL110000461	<u>64</u>					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "l		breviation		
E.L.C.			2012 译记			
Enter new principal offices address, if applicab	ole:		- W			
(Principal office address MUST BE A STREET	ADDRESS)					
			7 13 13 13 13 13 13 13 13 13 13 13 13 13	5		
				T		
Enter new mailing address, if applicable:			Fig.			
			3 do:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>			
		_	_			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter 1	he name of	the new		
Name of New Registered Agent:	<u></u>	· · ·		••••••••••••••••••••••••••••••••••••••		
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, 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 **Title** Name <u>Address</u> **Type of Action** MGRM James Graveley ✓ Add ☐ Remove 4880 Gabriella Lane Oviedo, FL32765 ☐ Add Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member **Christopher Connell** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00