

L/1000078914

(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:

Not Avail

Office Use Only



400279508294

11/30/15--01040--006 **60.00

2015 DEC -8 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
DEC 10 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2015

ARMED CIVILIAN LLC
RICHARD D. BASH
5553 65TH WAY N
ST. PETERSBURG, FL 33709

SUBJECT: ARMED CIVILIAN LLC
Ref. Number: L11000078914

We have received your document for ARMED CIVILIAN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000069090 "CLASSIC ARMS INC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00025145

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Armed Civilian 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:

Richard D. Bash
Name of Person

Armed Civilian LLC
Firm/Company

5553 105th Way N.
Address

St. Petersburg, FL. 33709
City/State and Zip Code

Armed2012@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard D. Bash at (443) 504-2992
Name of Person 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

ATTN: KAREN A. SALY

FILED 12-07-15

2015 DEC -8 PM 1:25

I, Richard Bash, am the owner of both of the following entities:

Armed Civilian LLC
#L11000078914

Both operated
from:

AND

5553 65th Way N.
St. Petersburg, FL - 33709

CLASSIC ARMS INC
#P15000069090

The attached correspondence includes the Articles of Amendment to Articles of Organization Application that I submitted in attempt to change the entity name of "Armed Civilian LLC" to "Classic Arms LLC."

As the owner of both entities, I would like to submit this written request in attempt to process my original request.

I would like to operate both entities under "Classic Arms," one being an LLC and the other being an INC.

The phone number provided in your letter assured me that I needed to simply state that I owned both, attach your letter, and submit it in writing.

If there are any questions, you may reach me at (443) 504-2992

Signed: 

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Armed Civilian LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 DEC -8 PM 1:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07-08-2011 and assigned Florida document number L11000078914.

This amendment is submitted to amend the following:

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

CLASSIC ARMS LLC

The new name must be distinguishable and contain 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
2015 DEC -8 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

