

L12000052289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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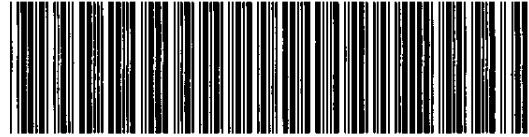
(Business Entity Name)

(Document Number)

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12 AUG 13 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen AUG 14 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOA FIREARMS 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:

RODNEY B TAYLOR JR

Name of Person

MOA FIREARMS

Firm/Company

661 SEBASTIAN BLVD STE G

Address

SEBASTIAN FLORIDA 32958

City/State and Zip Code

ROD@MOAFIREARMS.COM

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

For further information concerning this matter, please call:

RODNEY B TAYLOR JR

Name of Person

at (**772**)

713-6774

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**

FILED

12 AUG 13 PM 1:48

MOA FIREARMS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/17/2012 and assigned
Florida document number L12000052289.

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:

661 SEBASTIAN BLVD STEG

(Principal office address MUST BE A STREET ADDRESS)

SEBASTIAN FLORIDA 32958

Enter new mailing address, if applicable:

661 SEBASTIAN BLVD STE G

(Mailing address MAY BE A POST OFFICE BOX)

SEBASTIAN FLORIDA 33958

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:

661 SEBASTIAN BLVD STE G

Enter Florida street address

SEBASTIAN

City

, Florida

32958

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kevin Bearsby	8949 SW CHEVY CIRCLE STUART FLORIDA 34997	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)*

FILED
12 AUG 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

8/9/2012

Signature of a member or authorized representative of a member

RODNEY B TAYLOR JR

Typed or printed name of signee