

L120000054987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

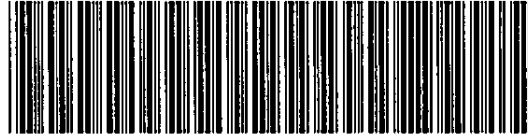
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 24 2015

S MASON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FSS Industries, 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:

John Boynton

\_\_\_\_\_  
Name of Person

FSS Industries, LLC

\_\_\_\_\_  
Firm/Company

2712 Howard Rd

\_\_\_\_\_  
Address

Middleburg, FL 32068

\_\_\_\_\_  
City/State and Zip Code

jboynton@fssindustries.com

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

For further information concerning this matter, please call:

John Boynton

904 226-2637  
at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FSS Industries, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/24/2012 and assigned  
Florida document number L12000054987.

This amendment is submitted to amend the following:

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

Primitive Shooter, 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:**

2712 Howard Rd.

**(Principal office address MUST BE A STREET ADDRESS)**

Middleburg, FL 32068

**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:

John Boynton

New Registered Office Address:

2712 Howard Rd.

*Enter Florida street address*

Middleburg

Florida 32068

*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>
MGRM	Nathan Boynton		<input type="checkbox"/> Add
		PO BOX 126, Middleburg, FL, 320	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Kevin Castle		<input type="checkbox"/> Add
		PO BOX 126, Middleburg, FL, 320	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Thomas Lemrow, JR		<input type="checkbox"/> Add
		PO BOX 126, Middleburg, FL, 320	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 SEP 23 P 1:01  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there is some faint, illegible handwriting. The rest of the page is blank except for the lines.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 21 September, 2015

John C. Bogn  
Signature of a member or author

Signature of a member or authorized representative of a member

John C Boynton

Typed or printed name of signee

FILED  
2015 SEP 23 P 1:07  
CLERK OF STATE  
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