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13 AUG 26 PM 3:52

SEP 03 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Armament and Logistics International, 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:

Carl Martin

Name of Person

Armament and Logistics International, LLC

Firm/Company

8530 SW 124th Ave Ste. 103-140

Address

Miami, FL 33183

City/State and Zip Code

carl@armsgistics.com

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

For further information concerning this matter, please call:

Carl Martin or Stephanie Esper at **(786) 877-8855**

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

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Armanent and Logistics International, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA
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Assigned

This amendment is submitted to amend the following:

X-international, LLC

8530 SW 124th Ave Suite 103-140
Miami, FL 33183

8530 sw 124th ave Suite 103-140
Miami, FL 33183

Miami, Florida 33183
City Zip Code

09/03/2013 15:07 305--383-3668 FEDERAL OFFICE 1974 1 PAGE 02

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

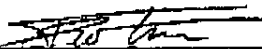
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephanie Esper	14029 SW 84st	<input type="checkbox"/> Add
		Miami, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA
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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
CARL F. MARTIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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