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SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE
DEC 17 2012
EXAMINER

COVER LETTER

FO:

Régistration Section Division of Corporations

SUBJECT:

Weaponz of Mass Destruction

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:

Willie Brown

Name of Person

Weaponz of Mass Destruction

Firm/Company

6218 Adina Lane

Address

Orlando, FL 32810

City/State and Zip Code

williebrown@weaponzofmassdestruction.com

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

For further information concerning this matter, please call:

Willie Brown

_{at} 407,9560380

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

Weaponz of Mass Destruction			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records	<u>s.</u>)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000137663</u>	npany were filed on 10/20/2012	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
Weapons of Mass Destruction LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u></u>	A (c) 73	
		主治 周	
		FII ASS	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		L. (V)	
		<u> </u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	·	
	Enter Florida street address		
	, Floric	ia Zip Code	
	City	гір Соае	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Add		
			Remove		
			Add Remove		
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			Add Remove		
·			Add		
			Remove		

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	•	
Da	ated DECEMBER 12, 2012.	
	2/2	
	Willie C. Brown	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

PECTUPH 1:2

APROVE: