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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SEP O 2 2014
J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

XS Armory 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:

Gonzalo J. Nunez		
Name of Person		
Firm/Company		
9684 Postley Ct.		
Address		
Wellington FL. 33414		
City/State and Zip Code		
gjn25@me.com		

For further information concerning this matter, please call:

Gonzalo J Nunez

_{,,,}305,613-6400

Name of Person

Area Code

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

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**

XS Armory, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000027347</u>	were filed on 2121113	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	,
Bull Shark Firearms LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbrev	
Enter new principal offices address, if applicable:		1 VIO
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1700 Latham Rd Suite 8	25 37 37 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach FL 33409	-
(maining university be A FOST OFFICE BOX)	**************************************	— <u>F</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	ip Code
New Registered Agent's Signature, if changing Registered Agent:		p Coae

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

MGR = M	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Remove
			Add
			Remove
			SLCAL FARM
			PH 4: 4 January 100 KS
			☐ Remove
		***************************************	Add
			□ Remove

D.	If am	ending any other informa	tion, enter change(s) here: (Attach add	litional sheets, if necessary.)
				<u>.</u>
	•			
		·		
	(The eff	tive date, if other than the ective date must be specific, cannute this document is filed by the Fl	not be prior to date of receipt or filed date and canr	ot be more than 90 days after
	Dated	July 30	2014	
	Dated	July 30	2014 Signature of a mamber or authorized representa	

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Filing Fee: \$25.00