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J. HARRIS

### **COVER LETTER**

Division of Corp		٠,	· · ·
SUBJECT:	Armatus.	110	
	Name of Limi	ited Liability Company	····
	mendment and fee(s) are sub	_	
Please return all correspon	dence concerning this matter	to the following:	
	Matthew	Braly Name of Person	
	A	Name of Person	
	Armatus,	Firm/Company	
	<u>2721 Ma</u>	gnolia Ave	<del>.</del>
		rumess	
	Lakeland	City/State and Zip Code	
	Mattheu	s. bral / Qamail. Co	DM
		, 0	ification)
For further information con	ncerning this matter, please ca	all:	
Matthew Name of	Braly	at ( <u><b>863</b></u> ) <u>738 –</u> Area Code Daytin	9983 ne Telephone Number
	1		
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

## TO ARTICLES OF ORGANIZATION OF

Armatus	LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on oblity Company)	our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1300066584</u> .	ere filed on $\frac{5/6}{}$	7/2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	······	
-		<b>35 4</b> 0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our	records, enter-the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Man AMBR = Autl	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	Lara Braly	2721 Magnolia Ave Lakeland, FL 33812	□ Add ☑ Remove
		•	Change
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or removed from our records:

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E. Effect	tive date, if other than the date of filing: $8/19/2015$ (optional)	
(If an ef	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister	0207 (3)(b) d as the
	nent's effective date on the Department of State's records.	
f the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of:
b) The	e 90th day after the record is filed.	01.
Dated	August 19 2015	
Dated	Hugust 19 , 2015.	
	Signature of a member or authorized representative of a member	
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	Page 3 of 3	

Filing Fee: \$25.00