

L13 000086885

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(Address)

(Address)

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SECRETARY OF STATE
DEPARTMENT OF REVENUE

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ARMA Concepts 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:

David Keyser

Name of Person

ARMA Concepts LLC

Firm/Company

130 Tamiami Trail N. Suite 110

Address

Naples FL 34102

City/State and Zip Code

armaconcepts@gmail.com

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

For further information concerning this matter, please call:

David Keyser

Name of Person

at (**239**) **273-9425**

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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DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARMA Concepts 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 June 13, 2013 and assigned
Florida document number L13000086885.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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 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, 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	Tony DeCaro	2127 GROVE DR	<input type="checkbox"/> Add
		Naples FL 34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF COURT
JAN 13 2019

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

Dated 12/31/2013



Signature of a member or authorized representative of a member

David Keyser

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
MASSACHUSETTS

Notice of Member Withdrawal From LLC

1. The name of the limited liability company as it appears on the record books:

Arma Concepts LLC

2. The above listed LLC was organized under the laws of the following state: Florida

3. I, Tony DeCaro, hereby withdraw as a member of the above mentioned LLC and have notified the LLC in writing of my withdrawal. I have not signed the operating agreement or have I funded Arma Concepts LLC. I make no claims to debts or assets of the Arma Concepts LLC and my access and status as a signer on Arma Concepts LLC bank account removed.

Tony DeCaro
(signature) Tony DeCaro

WITNESSES:

Arianne Levin

SUBSCRIBED, SWORN TO, AND ACKNOWLEDGED BEFORE ME this 30 day
of December, 2013, by Tony DeCaro who:

☐ is personally known to me OR

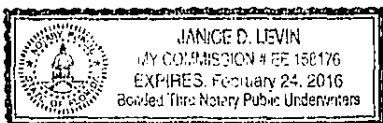
☒ has produced as identification; Mad Drivers Inc.
and subscribed and sworn to by

ARIANNE LEVIN, witness, who:

☒ is personally known to me OR

☐ has produced as identification; and

(Notary Seal)



Arianne Levin
(Signature of Notary Public)
Name of Notary Typed, Printed or Stamped
My Commission Expires: 2/24/2016
My Commission Number: EE/158176

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NOTARY PUBLIC
STATE OF FLORIDA