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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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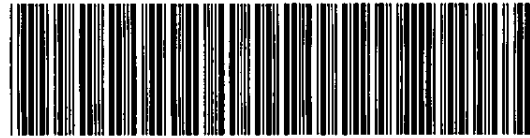
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

NOV 13 2013

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Carry & Conceal of Tampa Bay, 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:

**Lindsay Peragine**

Name of Person

**Carry & Conceal of Tampa Bay, LLC**

Firm/Company

**5326 Ridgewell Court**

Address

**Tampa, FL 33624**

City/State and Zip Code

**concealtampa@gmail.com**

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

For further information concerning this matter, please call:

**Lindsay Peragine**

Name of Person

**813 200-7190**

at ( )

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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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**

Carry & Conceal of Tampa Bay, 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 08/13/2013 and assigned  
Florida document number L13000113934.

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*

*City*

*, Florida*

*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         | Daniel Peragine | 5326 Ridgewell Court | <input checked="" type="checkbox"/> Add |
|              |                 | Tampa, FL 33624      | <input type="checkbox"/> Remove         |
|              |                 |                      | <input type="checkbox"/> Add            |
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|              |                 |                      | <input type="checkbox"/> Remove         |

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TALLAHASSEE, FLORIDA

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

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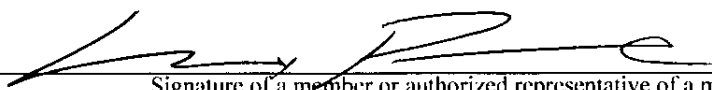
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Dated November 7, 13.



Signature of a member or authorized representative of a member

Lindsay Peragine

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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