

L13000129536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

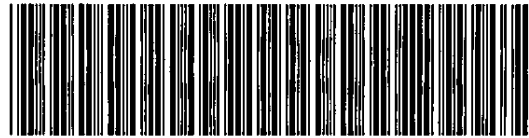
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 19 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Velocity PCB 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:

Kevin Ethridge

Name of Person

Firm/Company

208 Oxford Ave

Address

Panama City Beach, Florida 32413

City/State and Zip Code

Parabellumarms1776@gmail.com

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

For further information concerning this matter, please call:

Kevin Ethridge

Name of Person

at (**850**) **866-0799**

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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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Velocity PCB 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 09/13/2013 and assigned
Florida document number L13000129536.

This amendment is submitted to amend the following:

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

Para Bellum Arms LLC

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)

1000 Jackson Way

Unit 18

Panama City, Florida 32405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 Jackson Way

Unit 18

Panama City, Florida 32405

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:

Kevin Ethridge

New Registered Office Address:

1000 Jackson Way Unit 18

Enter Florida street address

Panama City

City

Florida 32405

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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kevin Ethridge	208 Oxford Ave Panama City Beach, Florida 32413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Mathew Peek	1623 Monument Ave. Port Saint Joe, Florida 32456	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Donald McNaron	824 Bradford Cir. Lynn Haven, Florida 32444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kevin Ethridge	208 Oxford Ave Panama City Beach, Florida 32413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

SECRETARY OF THE
FLORIDA DEPARTMENT OF
NATURAL RESOURCES
2014 MAY 13 PM 2:24
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May, 7, 2014

Kevin Ethridge

Signature of a member or authorized representative of a member

Kevin Ethridge

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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