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SECRETARY SECTION IN INC.

D BRUCE MAR 14 2017

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	: ARMORE	LLC	
	Name	of Limited Liability Company	
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.	
Please retur	rn all correspondence concerning this	matter to the following:	
1401	mes Morenu		
	Name of Person		
Ar	-More LLC		
	Firm/Company		
16	600 S. Hwy 475		3 3 3
	Address	79 77 1 2007 1 2007 1	
	ummer free L, F City/State and Zip Code	<u> 34491</u>	TITU
	·	ا الله الله الله الله الله الله الله ال	
F-ma	olinesmariNO@ yinadil address: (to be used for future annu	J. Com	1: 12
	information concerning this matter, p	blease call:	
1/0/1	nes MORENO	at (908) 296 - 3357	
	Name of Person	Area Code & Daytime Telephone Number	г
	REET/COURIER ADDRESS:	MAILING ADDRESS:	
	gistration Section vision of Corporations	Registration Section Division of Corporations	
Cli	fton Building	P.O. Box 6327	
	61 Executive Center Circle Ilahassee, Florida 32301	Tallahassee, Florida 32314	
En	closed is a check for the following :	amount:	
₽	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words ' Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2 70 2
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, enter the name of the new
registered agent and/of the new registered office.	aduress nere:
Name of New Registered Agent:	76 =
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

or removed from our records: ·MGR = Manager AMBR = Authorized Member **Title Name** <u>Address</u> Type of Action ANDRES Alberto Vallejo Rianos 5651 SW 40th PI, Ocala, FI MGR ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove Change Remove Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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an effectiv	e date is listed,	than the date of the date must be spe	ecific and	cannot be pr	ior to date of	filing or more	than 90 days	after filing.) Pursuant to 6	605.0207
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		a delayed effer r the record is		ate, but	not an ef	ective tim	e, at 12:0)1 a.m.	on the ear	rlier of
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Page 3 of 3

Filing Fee: \$25.00