# L14000027503

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200275432872 L14-27503 Amend

09/08/15--01021--087 \*\*25.00



SEP 10 2015 N. CAUSSEAUX

## COVER LETTER,

	gistration Sec vision of Corp		
SUBJECT:	ARMOMAÇ	Q, LLC	
SUBJECT.		Name of Limited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are submitted for filing.	
Please retur	n all correspon	ndence concerning this matter to the following:	
		Lisa Lanza, Esq.	•
		Name of Person	
		MELISSA P. LANZA, P.A.	
		Firm/Company	
		104 Crandon Blvd., Suite 420	
		Address	<del></del>
		Key Biscayne, FL 33149	
		City/State and Zip Code	<del></del>
		llanzalaw@aol.com	-
		E-mail address: (to be used for future annual report notification)	
For further	information co	oncerning this matter, please call:	
Lisa		305 361-0997 at ()	
	Name of	of Person Area Code Daytime Telephone Numb	er
Enclosed is	s a check for th	he following amount:	
\$25.00	Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Copy (additional copy is enclosed) Certificate Copy Certificate Copy (additional copy is enclosed)	Filing Fee, cate of Status & ed Copy nal 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

ARMOMAQ, 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 Florida document number L14000027503 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7846 Patriot Street Enter new principal offices address, if applicable: Lake Worth, FL 33463 (Principal office address MUST BE A STREET ADDRESS) 7846 Patriot Street Enter new mailing address, if applicable: Lake Worth, FL 33463 (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

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	,
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
				Add
·				Remove
				Change
				🗆 Add
				Remove
				Change
				Add  Add  Second
			LAHASSE HASSE	hance
			E. FLOR	ddd
			<del>_</del>	□ Remove
				Change
				□ Add
				Remove
				Change
				□ Add
				• □ Remove
				Change

•					·		
				<u></u>			
							_
					<b>∑</b> ∪	2015	•
		<del></del> _		<del></del>	PE	SEP	: . 
					SS	<del></del> 8	$\subseteq$
		<u></u>			HOF Y	PK -	7
				· · · · · · · · · · · · · · · · · · ·			جن - ر زار
					SIE	36	_ \
					•		
							-
					· · · · · · · · · · · · · · · · · · ·		-
				<del></del>			_
							-
ffective date, if other the an effective date is listed, the	an the date of filing:		of filing on more t	optio	nal) Gling \ Pure	want to 60	5 0201
Note: If the date inserted in	n this block does not mee	t the applicable:	statutory filing re-	quirements, this	date will	not be list	ted as
ocument's effective date of	on the Department of Stat	e's records.					
e record specifies a c	lelayed effective dat	e but not an	effective time	e at 12·∩1 a	m on t	he earli	ier o
The 90th day after t		c, but not an	CHOCKIVG CHIN	o, ac 12.01 o			,
September 2,		2015					
Dated	,						
	<u>-</u>						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00