

L14 0000 45260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

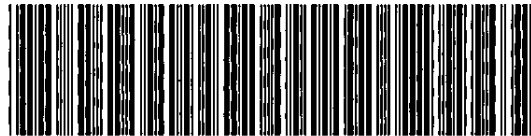
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOMINICK • FELD • HYDE, P.C.**

1130 22nd Street South • Ridge Park, Suite 4000 • Birmingham, AL 35205 •  
Phone: 205.536.8888 • Fax: 205.271.9696 • Web: www.dfhlaw.com

June 6, 2014

**Florida Department of State**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**RE: Articles of Amendment Filing Request**

Dear Madam/Sir:

Enclosed please find the completed cover letter and Articles of Amendment to Articles of Organization for CarbonTech Arms, LLC to be filed with your office.

Also enclosed is our firm's check, in the total amount of \$60.00, in payment of your filing fee, Certificate of Status and Certified Copy. I would appreciate it if you would return a copy of the completed filing to:

J. Lance Webster, Esquire  
Dominick Feld Hyde, P.C.  
1130 22<sup>nd</sup> Street South  
Ridge Park, Suite 4000  
Birmingham, AL 35205

Please do not hesitate to contact us if you have any questions or need any further information regarding this filing request.

With best regards, I remain

Sincerely yours,

Alisa B. Long  
Legal Assistant for J. Lance Webster

/abl  
Enclosures

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **CarbonTech Arms, 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:

**J. Lance Webster**

Name of Person

**Dominick Feld Hyde, P.C.**

Firm/Company

**1130 22nd Street So., Ridge Park, Suite 4000**

Address

**Birmingham, AL 35205**

City/State and Zip Code

**lwebster@dfhlaw.com**

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

For further information concerning this matter, please call:

**J. Lance Webster**

Name of Person

at **(205) 271-9648**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CarbonTech Arms, 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 March 18, 2014 and assigned Florida document number L14000045260.

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)**

Ormond Beach Business Park

123 N. Orchard Street, Building 6, Unit C

Ormond Beach, FL 32174

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Ormond Beach Business Park

123 N. Orchard Street, Building 6, Unit C

Ormond Beach, FL 32174

**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 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>
MGR	Gary R. Alvey	Gary R. Alvey	<input type="checkbox"/> Add
		30365 Old West Road	<input checked="" type="checkbox"/> Remove
		Hotchkiss, CO 81419	
MGR	Robert S. Frost	Robert S. Frost	<input checked="" type="checkbox"/> Add
		225 Springhill Memorial Palce	<input type="checkbox"/> Remove
		Mobile, AL 36608	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 JUN 1998  
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INTELLIGENCE  
DIVISION  
FLORIDA

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

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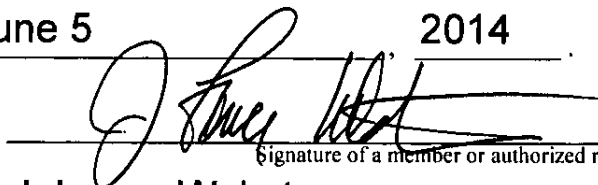
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 June 5, 2014



Signature of a member or authorized representative of a member

J. Lance Webster

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 JUN 10 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA