# 114000057481

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200261037292

06/13/14--01015--012 \*\*25.00

FILED

14 JUN 16 PM 3:07
SECRETARY OF STATE

JUN 1 7 2014

T. BROWN

# COVER LETTER

Division of Corporations
SUBJECT: Predajor Oranance 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:
Preston Edward Mishiraiwa Name of Person
Predator Ordnance LLC Firm/Company
2115 Ray monds Place Address
Green Cove Springs Fl 32043 City/State and Zip Code
Mishi yanga Quanoo. (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Preston Edward Misnihaiwa at (904) 210 2539  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status & Cert

### 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

	TO 🔊
ARTICL	ES OF ORGANIZATION
•	OF SA JUN CO
	All Sey 6 pu
Ocada for Ardnance	1 L
(Name of the Limited Lis	ability Company as it now appears on our records.) orida Limited Liability Company)
(A FR	orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	TO LES OF ORGANIZATION OF  ability Company as it now appears on our records.) orida Limited Liability Company)  ty Company were filed on
Florida document number <u>L1400055748</u>	<u>1</u> .
The state of the s	
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 end with the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
gamasic and side in the more	immed business company, the designation line of the designation lines.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address if applicables	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	2
	egistered office address on our records, enter the name of the nev
registered agent and/or the new registered office a	address here:
Name of New Registered Agent:	
Nov. Boolstoned Office Address	
New Registered Office Address:	Enter Florida street address
<del></del>	
	City 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 **Title** Name **Address Type of Action** MGR Preston\_ Mishihaiwa 2115 Raymonds Place X Add Green Cove Springs FL Remove 33043 \_\_\_\_\_ □ Add ☐ Remove □ Add \_\_\_\_ Remove \_\_ 🗆 Add ☐ Remove □ Add ☐ Remove \_\_\_\_\_ 🗖 Add ☐ Remove

f amending any other information, enter change(s) here: (Attach o	additional sheets, if necessary.)
	·····
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	annot be more than 90 days after
Dated <b>5</b> June 08 , 2014.	
Pruston Edward Mushikar Signature of a member or authorized represe	ntative of a member
Preston Edward Mishikai L	×.

Page 3 of 3

Filing Fee: \$25.00