## L15000151919

(Red	questor's Name)	
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(City	y/State/Zip/Phone #;	)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	MOR CONSULTING, LLC	,			
SUBJECT:		ited Erability Company	·		
The enclosed Articles of	Amendment and feets) are sub	mitted for filmg.			
Please return all correspo	ndence concerning this matter	to the following:			
	Brendan McCutcheon				
		Name of Person			
	New Business Filing				
		Firm-Company	<del></del>		
	8170 Washington Village	Dr			
		Address			
	Dayton OH 45458				
	orders@newbusinessfiling.c	City State and Zip Code			
	<del>-</del>	to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Brendan McCutcheon		888 701-6450			
Name o	f Person	Area Code Dayur	ne Telephone Number		
Enclosed is a check for th	he following amount:				
≥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	22 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration :		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FULL ARMOR CONSULTING, LLC

2022 JUN 13 PM 1:12

(Name of the Limite	ed Liability Company as it now appears of CA Florida Limited Liability Company)	our reports.)
The Articles of Organization for this Limited Li	ability Company were filed on 109/04/	and assigned
Florida document number L15000151919	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	<b>:</b>
Barney Nubbic, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:	<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE )	<u></u>	
B. If amending the registered agent and/or r		rds, enter the name of the new registered
agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	Çıņ	Žip Code
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registere provisions of all statutes relative to the propactions of the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my stered agent as provided for in Cha registered office address. I hereby o	v duties, and I am familiar with and upter 605, F.S. Or, if this document is

11 Changing Registered Agent. Signature of New Registered Agent

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

 MGR = Manager AMBR = Authorized Member

Title	Name	<u>Aŭdress</u>	Type of Action
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			TChange
			⊟Remove
			DAdd
			□Remove
			□Change
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fective date. If other than th m effective date is listed, the date mi	e date of filing:	·	1	(opti	onal)	6415 (1)?
ote: If the date inserted in this b	dock does not™	eet the applicab	le statutory filing	requirements, thi	s date will n	ot be listed
ocument's effective date on the I	Department of St	ate 8 records.				
ecord specifies a delayed effecti	ve date, but not a	in effective time	e. at 12:01 a.m. c	on the earlier of: ()	v) The 90th	day after th
is filed.						
		2022				
June 7th	h h			/\		
June 7th Hed		~ ~ ~ ~	$\cap$ $\cap$	H .		
June 7th sted	Signature of a m	Sember of authorit	Ad representative	of a member		