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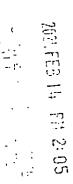
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Special Instructions to	Filing Officer:	

Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARMAC Supply, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on September 15, 2015 and assigned
lorida document number L1500015550	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	oility company here:
ARMAC, LLC	•
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office	address on our records, enter the name of the new reg
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	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.

COVER LETTER

TO: Registration Se Division of Con			
ARMAC S	upply, LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard Chad		
		Name of Person	
	ARMAC Supply, LLC		
		Firm/Company	~ ~
	1608 E. 5th Ave.		2277.F.C.B 14
		Address	— =: B
	Tampa, FI 33605		
	-	City/State and Zip Code	
	Richard@chadhappens		
		(to be used for future annual report notification)	
For further information of	oncerning this matter, please of	call:	
Richard Chad		813 241-4787 at ()	
Name o	f Person	Area Code Daytime Telephone Nu	mber
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert: (additional copy is enclosed) Certified Copy	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Addres Registration		Street Address:	
Division of C		Registration Section Division of Corporations	
P.O. Box 632	2.7	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

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
	-		Add² □ Remove
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			□Remove
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			□Remove
			□Change

fective date, if other than the date of filing: (optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.020 icable statutory filing requirements, this date will not be listed as. time, at 12:01 a.m. on the earlier of: (b) The 90th day after the		
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	horized representative of a member		
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00