

L16000194871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

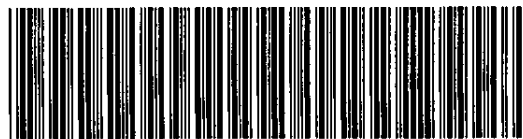
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 MAR -6 A 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n. BRUCE
MAR 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2017

PABLO GONZALEZ
11080 SW 57TH TERRACE
MIAMI, FL 33173

SUBJECT: GET ARMORED LLC
Ref. Number: L16000199871

We have received your document for GET ARMORED LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 817A00002438

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TALLAHASSEE, FLORIDA

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2017 MAR -7 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GET ARMORED, 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:

PABLO GONZALEZ
Name of Person
GET ARMORED, LLC
Firm/Company
11080 SW 57TH TERR
Address
MIAMI, FL 33173
City/State and Zip Code
P6ONZALEZ99@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO GONZALEZ at (305) 283-6204
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- Already paid*

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**

GET ARMORED, 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 _____ and assigned
Florida document number L16000199871

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."

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)

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:

PABLO GONZALEZ

New Registered Office Address:

11080 SW 57TH TRAIL

Enter Florida street address

MIAMI

City

Florida

33173

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>JENNIE GONZALEZ</u>	<u>11080 SW 57TH TERR</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33173</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>P</u>	<u>PABLO GONZALEZ</u>	<u>11080 SW 57TH TERR</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33173</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Feb 26, 2017

Signature of a member or authorized representative of a member

Pablo Gonzalez
Typed or printed name of signee