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## · COVER LETTER

TO: Registration Section Division of Corpo		
SUBJECT:	Get Armored LLC Name of Limited Liability Company	
The enclosed zurticles of Ar	mendment and fee(s) are submitted for filing.	
Please return a Lcorrespond	dence concerning this matter to the following:	
	Jemie Gonzalez Name of Person	
	Name of Person	
	Get Armored LLC	
	Firm/Company	
	11080 SW 57th terrace	
	Address	
	Miami F1 33173	
	City/State and Zip Code	
	Jenne M Gonzalez 6 9mail. Com E-mail address: (to be used for future annual report notification)	
Earfuith a of emotion can	cerning this matter, please call:	
	•	
Jennie 60 Name of P	orzalcz at (305) 948-47472  Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
[] \$25.00 Fil ng Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations F.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	Armore			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on or Liability Company)	ır record <u>s.</u> )	<del></del>
The Articles of Organization for this Limited Li		were filed on 10	31/16	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w Enter new principal offices address, if applica (Frincipal office address MUST BE A STREE	able:	ity Company," the designat	ion "LLC" or the abbrev	iation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>B()X)</u>	NF	SALL AHASSEE	17 MAY 22 1
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address here	fice address on our	records, enter The	name of the new
Name of New Registered Agent:	Jenr	il Gonza	lez	
New Registered Office Address:	11080	SW 57th Enter Florida stre	triace et address	
	<u></u>	On Vi	, Florida <u>23</u>	F3.

## 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

Page of 3

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<b>P</b>	Pablo Gonzalez	11080 SW 57th	RY (OCC)
		Mami F1 33173	Remove
			☐ Change
<u></u>	Jennie Gonzalez	11080 SW STM de	YCCCL
		miami F1 33173	Remove
			Change
			Add
		□ Remove	
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		DA.	Change
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		25	
. 1010	ve date, if other than the date of filing:	ing.) Dirsuant to ate will not be	3 605.0207 (3 listed as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	m. on the e	arlier of:
Dated	May 9 12017.		
	AL MOY		_
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00