K18000000348

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A. BUTLER
JAN 25 2022

COVER LETTER

Div	ision of Cor	porations		
our mem	Body Armo	or Direct LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Dave Goldberg		
			Name of Person	
		National Body Armor		
			Firm/Company	
		4281 NW 1st Ave		
			Address	
		Boca Raton, FL 33431		
			City/State and Zip Code	
		dave@nationalbodyarmor.c	om to be used for future annual report notificati	
For further in	nformation c	er-man address: to oncerning this matter, please ca		oit
Dave Goldb	erg		561 561-212-6708	
	Name o	f Person	at () Area Code Daytime Tel	ephone Number
ranto di fo		C. 11		
		ne following amount:	□ 055 00 EW	
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration Sectio	,
	gistration S	Section fornorations	Division of Corpor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Body Armor Direct 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 01/02/2018 and assigned Florida document number $\underline{L18000000248}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: National Body Armor LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address _, Florida _ City

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>	Address	Type of Action
			□Change
			□Add
			Change
			□Remove
			□Change
.		<u> </u>	
			Remove
			□Change
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fective date, if other that n effective date is listed, the da te: If the date inserted in t cument's effective date on	te must be specific and cannot his block does not meet the	be prior to date of filing or applicable statutory fil	more than 90 days afte	onal) r tiling.) Pursuant to 605. s date will not be liste	(

Filing Fee: \$25.00