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DATE:

10/29/18

NAME:

ARMOR MANAGEMENT SERVICES, LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT:		agement Services LLC			
SUBJECT:		Name of Limi	ited Liability Company		-
The enclosed	Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Ian K. Neubauer			
			Name of Person		_
		Greenberg Traurig			
			Firm/Company		<u> </u>
		3333 Piedmont Road NE, S	Suite 2500		
			Address		_
		Atlanta, GA 30305			
		<u> </u>	City/State and Zip Code		
		neubaueri@gtlaw.com			
		E-mail address: (t	o be used for future annual re	eport notification)	-
For further in	formation co	neerning this matter, please ca	ill:		
Ian K. Neuba	nuer		678 553	-2100	
	Name of	Person	Area Code	Daytime Telephone Numb	oer
Enclosed is a	check for the	e following amount:			
□ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifi osed) Certifie	Filing Fee, cate of Status & ed Copy hal copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Armor Management Services LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Comp	any were filed on May 28, 2018	and assigned
lorida document number L18000128231		
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	liability company here:	
Ares Extra LLC		
he new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	<u></u>
		2
nter new mailing address, if applicable:		29
Mailing address MAY BE A POST OFFICE BOX)		7
Maining address WAT BE A POST OFFICE BOAT		<u> </u>
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	2.5
	·	orida
	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.

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>	Name	Address	Type of Action
			
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Filing Fee: \$25.00