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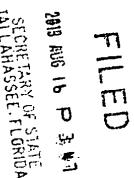
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AUG 2 2 2018 T. LEMIEUX

COVER LETTER

BULLETPROOF VESSEL HOLDINGS LLC SUBJECT: 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: STEVEN D. PIMLOTT Name of Person BULLETPROOF VESSEL HOLDINGS LLC Firm/Company 10314 BALTUSROL PLACE Address **BRADENTON FL 34202** City/State and Zip Code stevepimlott@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN D. PIMLOTT Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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**

BULLETPROOF VESSEL HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 AUS 16 P 38 167

The Articles of Organization for this Limited Liability Company Florida document number L18000131939	were filed on O5/25/2018 SECRETARY OF STAR assigned
Florida document number L18000131939	TALLAHASSEE, FLORIDA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabile	ty Company," the designation "L.L.C." 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 of	fice address on our records, enter the name of the r
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 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 t 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTOPHER D. PIMLOTT	12411 UPPER MANATEE RIVER RD, BRADENTON FL 34212	■ Add
			☐ Remove
			Change
MGR	PHILIP J. LAMBERT	1003 134TH ST. E., BRADENTON FL 34212	■ Add
			□ Remove
			Change
			□ Remove
			Change
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior does not meet the applica	able statutory filing requ	(optional) in 90 days after filing.) Pursu irements, this date will no	ant to 605.0207 (2 of be listed as th
ne record specifies a delayed e The 90th day after the record		t an effective time,	at 12:01 a.m. on th	e earlier of:
Dated	2019	·		
	QF			
Sig	nature of a member or autho	rized representative of a n	iember	<u></u>
STEVEN D. PIMLOTT				
	Typed or printe	d name of signee	 -	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00