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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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. COVER LETTER

| SUBJECT: ARMED A | URA (Armed & DangerUS Lt Name of Limi | ted Liability Company | |
|----------------------------|-------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Samurrah Barber | | |
| | | Name of Person | |
| | Armed & DangerUS LLC | | |
| | | Firm/Company | |
| | 6400 West Boynton Be | ach Bìvd #743044 | |
| | | Address | |
| | Boynton Beach, FL. 3 | 3437 | |
| | | City/State and Zip Code | |
| | armedaura@yahoo.com | | |
| | E-mail address: (I | to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please ca | all: | |
| Samurrah Barber | | at (561) 859-5535 | |
| Name o | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 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) |

1. No. 1. No. 1

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

| Armed & DangerUS LLC | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | hity Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability (| Company were filed on 1/6/2020 | and assigned |
| lorida document number | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the lin | nited liability company here: | |
| ARMED AURA LLC | | |
| he new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | 44 | |
| Principal office address MUST BE A STREET ADD | | |
| Enter new mailing address, if applicable: P O BOX 743044 Boynto | | FL 33474 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | ne of the new regis |
| Name of New Registered Agent: N / | 'A (Same agent) | 8 |
| 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 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 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 |
|--------------|-------------|---------|----------------|
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| Effective date, if other than the date of filing: Filing date | | | | | · |
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| Signature of a member or authorized representative of a member | | Signature of a member or as | nhorized representative | of a member | |
| Samurrah Barber | Co | _ | | | |