Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

: (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PORT CANAVERAL FIREARMS & AMMO LLC

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JUN 18 2020

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COVER LETTER

	TO: Registration Section Division of Corporations			
SUBJEC		ANAVERAL FIREARMS & AN	MMO LLC	
SUBJEC	·1:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encio	sed Articles o	of Amendment and fee(s) are sub	omined for filing	
		pondence concerning this matter		
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		101 N Brand Blvd 11th Fl	•	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		dylan@capemarina.com		
		E-mail address: (to be used for future armual report notin	ication)
For further	information	concerning this matter, please co	all:	
Cheyenne	Moselcy		800 773-0888	
	Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed .	is a check for	the following amount:		
	0 Filing Fee	○ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi: Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURI. Registration Section Division of Corpor Clifton Building 2661 Executive Cet Tallahassee, FL 32	n acions nter Circle

To: Page 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JC 17 Fii 2: 58

PORT CANAVERAL FIREARMS & AMM		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/11/2020	and assigned
Florida document number L20000127524		
Tiorida document damest	 :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Corupany," the designation "LLC" or t	he abbreviation "L.L.C."
	, , , .	
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	(ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or regist	ered office address on our records, en	ter the name of the
. If amending the registered agent and/or regist gistered agent and/or the new registered office addr	ered office address on our records, <u>en</u> ess here:	ter the name of the
. If amending the registered agent and/or regist egistered agent and/or the new registered office addroname of New Registered Agent:	ered office address on our records, <u>en</u> ress here:	ter the name of the
. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	ered office address on our records, <u>en</u> ess here: Enter Florida street address	ter the name of the
. If amending the registered agent and/or regist egistered agent and/or the new registered office addroname of New Registered Agent:	ess here: Enter Florida street address	
s. If amending the registered agent and/or regist egistered agent and/or the new registered office addroname of New Registered Agent:	ess here:	
If amending the registered agent and/or registered agent and/or registered agent and/or the new registered office addronance of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida City	
S. If amending the registered agent and/or regist egistered agent and/or the new registered office addroname of New Registered Agent: New Registered Office Address:	Enter Florida street address City Agent:	Zip Code
s. If amending the registered agent and/or regist egistered agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address Enter Florida street address City Agent: and agree to act in this capacity. I further amplete performance of my duties, and I alent as provided for in Chapter 605, F.S. C	Zip Code agree to comply with th in familiar with and Dr, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address:	Enter Florida street address Enter Florida street address City Agent: and agree to act in this capacity. I further amplete performance of my duties, and I alent as provided for in Chapter 605, F.S. C	Zip Code agree to comply with th in familiar with and Dr, if this document is

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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		2020 JULI 17 PM 2: 57	
<u>Title</u>	Name	Address	Type of Action
AMBR	SEAMAN-BURK, KAREN R	800 SCALLOP DR	
		CAPE CANAVERAL, FL 32920	■ Remove
			□ Change
AMBR	Cape Marine Services Inc.	800 SCALLOP DR	■ Add
		CAPE CANAVERAL, FL 32920	
			☐ Change
		-	□ Remove
			Change
			D Add
			☐ Remove
			Change
			Pemove
			Change
			□ Remove
			C Change

Page 3 of 3

Typed or printed name of signec

Kenneth Dylan Houck

Filing Fee: \$25.00