L23000294515

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PROFESSIONAL TAX PREPARATION LLC
Account Number : I20210000081
Phone : (407)933-4211
Fax Number : (407)679-0387

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

Email Address: Kevinm@nxtarmor.com

FILED
2023 AUG 24 PM 2:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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NXT ARMOR LLC

Certificate of Status	1
Certified Copy	0
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T. LEMIEUX
AUG 25 2023

COVER LETTER

H23000296343

TO: Registration Section
Division of Corporations

SUBJECT: NXT ARMOR LLC
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:

KEVIN MARTINEZ
Name of Person

NXT ARMOR LLC
Firm/Company

2164 THE OAKS BLV
Address

KISSIMMEE FL 34746
City/State and Zip Code

KEVINM@NXTARMOR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN MARTINEZ at (646) 918-1200
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 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)

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

H23000296343

H23000294634 3

DocuSign Envelope ID: F64F8466-8B84-4F04-ABD3-A21C697894A2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NXT ARMOR 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 07/28/2022 and assigned Florida document number L22000334515.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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: 2164 THE OAKS BLVD
Enter Florida street address

KISSIMMEE, Florida 34746
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

H23000294634 3

H23000296343

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

Title	Name	Address	Type of Action
AMBR	KEVIN MARTINEZ	2164 THE OAKS BLVD	☐Add
		KISSIMMEE FL 34746	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
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			☐Add
			☐Remove
			☐Change

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H23000794634 3

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

I AM MAKING THE AMENDMENT TO CHANGE THE ADDRESS OF THE REGISTERED AGENT AND

THE AMBR - OLD ADDRESS - 5464 PENWAY DR ORLANDO FL 32814

NEW ADDRESS - AMBR AND REGISTERED AGENT - 2164 THE OAKS BLVD KISSIMMEE FL 34746

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/24/2023

DocuSigned by:
Kevin Martinez

Signature of a member or authorized representative of a member

KEVIN MARTINEZ

Typed or printed name of signee

H23000794634 3

Filing Fee: $25.00