

M22000015491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

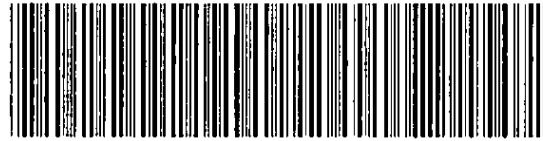
(Document Number)

cc Copies _____

Certificates of Status _____

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FILED
TALLAHASSEE, FL

2023 FEB 22 PM 1:54
DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

RECEIVED

2023 FEB 22 PM 1:54

2023 FEB 22 PM 1:25

2/22/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stacked Arms Defense, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID CALVIN CAROTHERS

Name of Person

STACKED ARMS DEFENSE, LLC

Firm/Company

1954 AIRPORT ROAD #1084

Address

ATLANTA, GA 30341

City/State and Zip Code

DEFENSE@STACKEDARMS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CALVIN CAROTHERS

Name of Person

at (470) 8950348

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

2023 FEB 22 PM 1:54

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: STACKED ARMS PROTECTION, LLC

Enter new principal office address, if applicable: 1954 AIRPORT ROAD #1084, ATLANTA, GA 30341

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: 1954 AIRPORT ROAD #1084, ATLANTA, GA 30341

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M22000015491

3. Jurisdiction of its organization: GEORGIA

4. Date authorized to do business in Florida: September 27, 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: STACKED ARMS DEFENSE, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Darius B. McChin

New Registered Office Address: 4337 Packer Meadow Way
Enter Florida Street Address

Middlebury, Florida 32068
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.

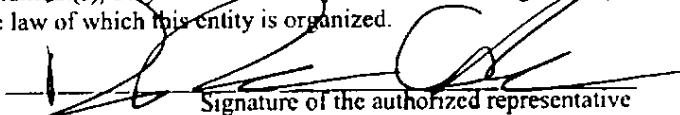
[Signature]
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

DAVID CALVIN CAROTHERS

Typed or printed name of signer

Filing Fee: \$25.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Stacked Arms Protection, LLC
a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 10/06/2022 changing its name to

Stacked Arms Defense, LLC
a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 10/13/2022.



Brad Raffensperger

Brad Raffensperger
Secretary of State