## L21000444915

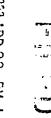
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Div	ision of Cor	porations		
elib ilver.	Bullseye's I	ake City,L.L.C		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kyle Pillars		
			Name of Person	
			Firm/Company	
		352 SW Tommy Lites Stre	eet	
			Address	
		Lake City, Florida 32024		
		kyle.pillars@gmail.com	Cuy/State and Zip Code	2023 /
For further is	nformation co	E-mail address: (	to be used for future annual report notification all:	2023 APR 20 PH 1: 03
Kyle Pillars			386 9846467	
	Name o	f Person	at () Area Code ——Daytime Telep	hone Number
Enclosed is	check for th	ne following amount:		
□ \$25.00 E	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration Section	

Registration Section **Division of Corporations** P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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**

Bullseye's Lake City,LLC				
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I		/12/2021	and ass	signed
Florida document number L21000444915	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :		-
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "ELC" or the ab	obreviation "L.	ï.,C,"
Enter new principal offices address, if appli	cable:		711	3
Principal office address MUST BE A STRE	ET ADDRESS)		1 2	20
	<del></del>	<del></del>		<del>3</del> :
Enter new mailing address, if applicable:				70 ·
Mailing address MAY BE A POST OFFICE				<del></del>
			[H	<u> </u>
3. If amending the registered agent and/or agent and/or the new registered office addr		ecords, <u>enter the nan</u>	ne of the nev	w register
Name of New Registered Agent:	Kyle Pillars			
New Registered Office Address:	352 SW Tommy Lites Street			
	Enter Flo	rida street address		
	Lake City	Florida <sup>32</sup>	024	
	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. Shereby confirm that the limited liability company has been notified in writing of this change.

hanging 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Tony Roberts	570 SW Nursery Road	
		Lake City,Florida 32024	■Remove
			Change
AMBR	Kyle Pillars	352 SW Tommy Lites Street	■Add
		Lake City , Florida 32024	□Remove
			☐ Change
AMBR	Timothy Altman	302 Cypress Cove Drive	■Add
		Lake City, Florida 32055	□Remove
			- Change
			Remove
			n i ω i ω i
			□Remove
			□Change
			🗆 Add
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Effective date, if other than the date of filing:  10 an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 described in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	_ <b>(optional)</b> lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli rd is filed.	
Dated April , 10 2023	2023 APR
Dated	APR 20
Signature of a member of authorized representative of a membe	
Tony Roberts	

Filing Fee: \$25.00

Typed or printed name of signee