

H23000087236 3

**Florida Department of State**  
**Division of Corporations**  
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To:

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

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 Account Number : 120000000121  
 Phone : (239)649-6200  
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Email Address: MYashko@ralaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**PINT & PISTOL NAPLES, LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINT & PISTOL NAPLES, 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 02/23/2023 and assigned Florida document number L23000085180

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)

Handwritten address: 2003 W ... 7 PM ... 9

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:

Blank line for Name of New Registered Agent

New Registered Office Address:

Blank line for New Registered Office Address

Enter Florida street address

Blank line for City, Florida, Zip Code

City

Florida

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SCALES, ROBERT	1415 N. ATLANTIC AVENUE	<input checked="" type="checkbox"/> Add
		COCOA BEACH, FL 32931	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENNEDY, MATTHEW J	7524 POULICNY LANE LOT U6	<input checked="" type="checkbox"/> Add
		MELBOURNE, FL 32940-7415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines provided for amending information.

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 March 3, 2023

Jeffery W. Wells

Signature of a member or authorized representative of a member

Jeffery Wells, Manager and Authorized Representative

Typed or printed name of signer