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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Decument blumber)
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COVER LETTER

TO:	Registration Se Division of Cor			
CL.B IE	220 Skeet C			
SUBJE	.c.i:		nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Bruno Mauprivez		
			Name of Person	
			Firm/Company	
		116 Kirkland Street		
			Address	
		Palatka, FL 32177		
			City/State and Zip Code	
		bbpllc2016@yahoo.com		
			to be used for future annual report notifica	tion)
For furt	her information c	oncerning this matter, please co	all:	
Karine	Backer		240 994-4046 at()	
	Name o	f Person	Area Code Daytime Te	elephone Number
Enclose	d is a check for th	ne 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 S		Street Address: Registration Section	ગો

Registration Section Division of Corporations P.O. Box 6327

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

220 Skeet Club, 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 $\frac{09/20/2023}{\text{Lorida document number}}$	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	···
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address on our records, enter the naigent and/or the new registered office address here: 	ne of the new regi
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Enter Florida street address	- à
, Florida _	Zip Code
City	Zip Code

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 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
AMBR	Karine Backer	116 Kirkland Street, Palatka, FL 32177	□Add
			≣Remove
			□Change
AMBR	National Safe Harbor Exchanges, Inc.	PO Box 848, Scottsdale, AZ 85252	🖹 Add
			□Remove
			☐ Change
			🗆 ^dd
			□Remove
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		00/27/2023			
ffective date, if other than the an effective date is listed, the date muserted in this becoment's effective date on the E	ock does not me	eet the applicable	ate of filing or more statutory filing r	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605,0207 ate will not be listed as t
record specifies a delayed effectively is filed.	e date, but not a	in effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
September 27	,	2023			
	Signature of a m	ember or authorize	d representative of	a member	
1 /	`	`			

Filing Fee: \$25.00