L10000081256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Gail Abarchambu Advised. Hat LLC Chged Manne in 4/13/19.

Office Use Only



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JUL 0 1 2019 I ALBRITTON

COVER LETTER

SUBJECT: The enclosed Articles of A		ited Liability Company	
The enclosed Articles of A	mandown and fines are sub-		
	mendinem and rec(s) are sur-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Gail Martin Abercrombie		
		Name of Person	
	Sivyer Barlow & Watson,	P.A.	
	401 East Jackson Street, St	Firm/Company	
		Address	
	Tampa, FL 33602	Addiess	
	john@sunsettampa.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information con	cerning this matter, please co	all:	
Gail Martin Abercrombie		813 221-4242 at ()	
Name of P	erson	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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 25, 2019

GAIL MARTIN ABERCROMBIE 401 EAST JACKSON STREET STE. 2225 TAMPA, FL 33602

SUBJECT: SILVER BULLET EVENTS, LLC.

Ref. Number: L10000081256

We have received your document for SILVER BULLET EVENTS, LLC. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000204080 - SUNSET EVENTS, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00012895

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ... ARTICLES OF ORGANIZATION OF

2019

Silver Bullet Events, 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 August 2, 2010 and assigned
Florida document number 1.10000081256	Zamoning Georgeany were mee	and wanging
Fronta document number	·	
This amendment is submitted to amend the fo	dlowing:	
A. If amending name, enter the new name	of the limited liability comp	any here:
Sunset Events, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>
	· <u></u> -	
B. If amending the registered agent an registered agent and/or the new registered		ess on our records, enter the name of the
	OTTO TO THE OTTO THE	
Name of New Registered Agent:	Sivyer Barlow & Watson, I	P.A.
	401 East Jackson Street, St	nite 2225
New Registered Office Address:		ter Florida street address
	Tampa	33602
	1 amba	, Florida ³³⁶⁰²

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 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

for Sivyer Barlow + Watso

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being are removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
AMBR	John Santoro	509 South Oregon Avenue	
		Tampa, FL 33606	Add
			□ Remove
			■ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
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Fective date, if other than the date of filing:		
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