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COVER LETTER

TO: Registration Se Division of Cor			
•	Bulletor	of Threads L	LC
SUBJECT:	Name of Igmi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Dale	HU440	
	Bullet	Name of Person Firm/Company	, LLC
	9609	ware arde	
	tapa	FL 3361	9
	E-mail address: (City/State and Zip Code Le & Dulle+profit to be used for future annual refort notif	Ethreads com
For further information of	concerning this matter, please ca		
Vale	HUHO of Person	at (<u>813</u>) <u>928</u> Area Code Daytim	4762 e Telephone Number
Enclosed is a check for t	he 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 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

ARTICLES OF AMENDMENT TO T ARTICLES OF ORGANIZATION

2017 JUN 29 PM 1:21

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number L12000061213 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing 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>	Name '	Address	Type of Action
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Not	reffective date is listed, the date must be specific and cannot be prior to date of thing of the feet. If the date inserted in this block does not meet the applicable statutory fill turnent's effective date on the Department of State's records.	ling requirements, this date will not be	e listed as th
he T	record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	ϵ time, at 12:01 a.m. on the ϵ	earlier of:
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17111	$\frac{6-26}{100}$		
	Signature of a member or authorized representat	Edit of the second beautiful and the second be	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



June 20, 2017

BULLET PROOF THREADS LLC DALE HUTTO 9609 WARE CIR. TAMPA, FL 33619

SUBJECT: BULLET PROOF THREADS LLC

Ref. Number: L12000061213

We have received your document for BULLET PROOF THREADS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00012510

RECEIVES

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA