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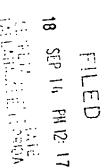
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COVER LETTER _

TO:	Registration Sec Division of Corp			
CHOIC		S WORLD, LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
-		JAMES REED		
		SHOOTERS WORLD LL	Name of Person	
•			Firm/Company	
Please re		9625 WES KEARNEY W	/AY	
		RIVERVIEW, FL 33578	Address	
		REED5115@GMAIL . C	City/State and Zip Code	
		E-mail address: ()	o be used for future annual report notifi	ication)
For furt	her information c	oncerning this matter, please cr	all:	
JIM RE	EED		813 927-8395	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$25	5.00 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOOTERS WORLD LLC	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compar	
He Afficies of Organization for this Emined Elatomy Compan	
florida document number L12000099427	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
Time that office address proof in 1971 of the 2011 to the contract	
	是 是
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
registered agent and/or the new registered office address h	<u>iere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, 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

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		
MGR	GREGORY L HENDERSON	P.O. BOX 2677			
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Typed or printed name of signee