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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
43.0.00		RS WORLD LE LLC		
SUBJE	UI:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are submodence concerning this matter to		
		JAMES M REED		
			Name of Person	
		SHOOTERS WORLD LE	ELLC	
		9625 WES KEARNEY W	Firm/Company	
		RIVERVIEW. FL 33578	Address	
		REED5115@GMAIL.COM		
г			to be used for future annual report notifi	cation)
JIM RE		concerning this matter, please ca	813 927-8395	
	Name (of Person	Area Code Daytime	Felephone Number
Enclose	ed 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 ARTICLES OF ORGANIZATION OF

SHOOTERS WORLD LE LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on JANUARY 14, 2013	and assigned
Florida document number L13000006899		
		ç
his amendment is submitted to amend the following:		〈
A. If amending name, enter the new name of the limite	ed liability company here:	
<u> </u>		<u></u>
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
	•	
Enter new principal offices address, if applicable:		= 1
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		50 0
Mailing address MAY BE A POST OFFICE BOX)		
Maining Hadress MAT BE A FOST OF FICE BOXY		
•		
	and afficient address on our monords or	ntor the name of the
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		itter the name or the
egistered agent analyst the new registered office made	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	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>	Name	Address	Type of Action
MGR	GREGORY L HENDERSON	PO BOX 2677	
		BRANDON, FL 33509	■ Remove
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	(antional)
e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0
the date inserted in this block does not meet the applicable statutory filing requirem	nents, this date will not be listed
n's effective date on the Department of State's records.	
the state of the s	12:01 a.m. on the earlier
rd specifies a delayed effective date, but not an effective time, at 10th day after the record is filed.	12.01 a.m. on the earner
our gay area. and receive an area.	
EPTEMBER 12 2018	

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Typed or printed name of signee

Filing Fee: \$25.00