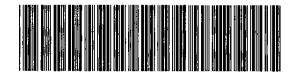
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

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COVER LETTER

TO: Registration Section ' Division of Corporations	
SUBJECT: Shot Gun Joe's LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Beatriz FloRat Name of Person	
Shot Gun Joe's UC Firm/Company	
Homestead FL 33032	
City/State and Zip Code Shotaun Des & Mail. Com For further information concerning this matter, please call:	T) = T)
For further information concerning this matter, please call:	77
Name of Person Name of Person Area Code Daytime Telephone Number 1	Ĵ
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} (additional copy is enclosed)} \$\Bigcup \$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

Shot Gon Ja	oe's, UC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L15000/151A0</u>	mpany were filed on <u>July 6, 2015</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2015 OCT SECRETA
B. If amending the registered agent and/or registe	ered office address on our records, fenfer the name of the new
registered agent and/or the new registered office addre	
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 = At	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Beatriz Florat	10821 SW 242nd St. Homestead, FL 33032	🗹 Add
		Homestead, FL 33032	□ Remove
			□ Change
			Add
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(If an effective Note: If the	date is listed, the date inserted in	an the date of filing the must be specific at this block does not the Department of	nd cannot be prior to meet the applicab	date of filing or	nore than 90 day	ys after fili	ng.) Purs	uant to 605.
		layed effective e record is filed		an effective	time, at 12	2:01 a.n	n. on t	he earlie
Dated	Ober	<u> 7</u>	, <u>2015</u>	(
-	Beatry	Signature of	a member or authori	zed representativ	e of a member	lle	7	
				- 1	- 1	_	\bigcirc	

Page 3 of 3

Filing Fee: \$25.00