## L16000176678

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>/</del> )
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

10/23/20



## **COVER LETTER**

TO:

Registration Section

SUBJECT: Bull Hay Brand Co., 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:  Matthew Davis  Name of Person  Bull Hay Brand Co., LLC  Firm/Company  18600 Hwy 27  Address	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Matheway Davis  Name of Person  Bull Hog Brand Ca., LLC  Firm/Company	
Please return all correspondence concerning this matter to the following:  Matthew Davis  Name of Person  Bull Hog Brand Co., LLC  Firm/Company	
Please return all correspondence concerning this matter to the following:  Matthew Davis  Name of Person  Bull Hog Brand Co., LLC  Firm/Company	
Matthew Davis  Name of Person  Bull Hog Brand Co., LLC  Firm/Company	<del></del>
Bull Hog Brand Co., LLC Firm/Company	<del></del>
Bull Hog Brand Co., LLC Firm/Company	
Address	
Lake Wales, FL 33853  City/State and Zip Code  mpdavis 5@ yahoo.com	
City/State and Zip Code	
E-mail address: (to be used for future annual report notificatio	n)
For further information concerning this matter, please call:	
Matthew Davis at 727, 919-41.  Name of Person Area Code Daytime Tele	19
Name of Person Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporaP.O. Box 6327The Centre of TallahTallahassee, FL 323142415 N. Monroe StrTallahassee, FL 323Tallahassee, FL 323	tions

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 SEP 14 AM 9: 41

Bull Hog Brand Co.,		TA!	KETARY OF STATE LLAHAGORF, FI
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appe bility Company)	ars on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company w Florida document number <u>L16000176678</u>	ere filed on _	9.21-2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability  Venture Cutdoors Co.,  The new name must be distinguishable and contain the words "Limited Liability			e abbreviation "L.L.C."
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 adagent and/or the new registered office address here:	dress on our	records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-		·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance o	of my duties, and La Chapter 605, F.S.	ım familiar with and Or, if this document is

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
<u>AMBR</u>	Susan Davis	18600 Hwy 27	🏹 Add
		Lake Wales, FL 338	753   Remove
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If an effective Note: If the	ate, if other than the date date is listed, the date must be spendate inserted in this block does like tive date on the Department.	ecific and cannot be prines not meet the appl	licable statutory filin	(option ore than 90 days after fi g requirements, this o	ling.) Pursuant to 605.0207
	rifies a delayed effective date.				The 90th day after the
Dated	9-10-2020 Maith ? Signal Mathew	· · · · · · · · · · · · · · · · · · ·	·		
	Matter ?	Dain			
-	Signat	ure of a member or an	thorized representative	of a member	

Filing Fee: \$25.00