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## **COVER LETTER**

	gistration Solision of Col									
CHO IVAT.	Broadhead	Taxidermy, LLC								
SUBJECT:		Name of Lin	nited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing							
		ondence concerning this matter								
		Nicholas Bearden								
		<del></del>	Name of Person							
		Broadhead Taxidermy, LL	.c							
			Firm/Company							
		426 Raley Road								
		<del></del>	Address							
		DeFuniak Springs, FL 324	33							
			City/State and Zip Code							
		broadheadtaxidermy@gmai	il.com to be used for future annual report notification)							
For further in	nformation c	concerning this matter, please c								
Nicholas Bea	arden		all: 250 401-4250 27 72 Area Code Daytime Telephone Number 27 74							
	Name o	f Person		,						
Enclosed is a	check for the	he following amount:	AH 7:							
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)							
Reg	ling Addres pistration S	Section	Street Address: Registration Section							
	rision of C ). Box 632	orporations 7	Division of Corporations The Centre of Tallahassee							
	lahassee, F		2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broadhead Taxidermy, LLC	i				
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)				
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L17000129597}{L17000129597}$	n 06/14/20217 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability compar	ı <u>y here</u> :				
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	202				
(Principal office address MUST BE A STREET ADDRESS)	AL SEP 24				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	1975 - 19				
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, enter the name of the new register				
Name of New Registered Agent:					
New Registered Office Address:					
Emer	Florida street address				
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code				
I hereby accept the appointment as registered agent and agree to act in to provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for	e of my duties, and I am familiar with and				

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	Corey Galloway	71 Pfitzer Court	🗆 Add
		DeFuniak Springs, FL 32433	<b>-</b>
			□Change
			□Remove
			Change
			Ndd 2021
			Change 7:
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Chanse

Corey Galloway is no longer a	mangage	er or pa	artner w	ith Bro	adhead	Taxide	rmy, I	.LC an	d we a	re need	ing to		
remove him from our business	entity.						_			<del></del>			
Thank you		-											
Nicholas Bearden				_									
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fective date, if other than the d n effective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	: specific a t does no	and can	t the app	licable	ite of fil statuto	ng or m ry filin	ore than	00 day	( <b>optio</b> s after ( s. this	Hana V D	ursuant to II not be	605.t Tister	)20 d a.
cord specifies a delayed effective of filed.	ate, but n	iot an i	effective	e time,	at 12:0	l a.m. o	on the	earlier	of: (b)	The 9	Oth day	after	the
September 17		2	2021										
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Filing Fee: \$25.00