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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Cor	porations		
GUNNERS SUBJECT:	S CAVE LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Darrin Ziegler		
		Name of Person	
	GUNNERS CAVE LLC		
		Firm/Company	
	690 N.U.S.HWY 1		
		Address	
	Oak Hill, Fl. 32759		
		City/State and Zip Code	
	tamiziegler@ymail.com	be used for future annual report notific	
		·	cation)
For further information co	oncerning this matter, please call	l:	
Darrin Ziegler		386 314-7410 at ()	
Name of	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

GUNNERS CAVE LLC		
(Name of the Limited I (A)	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 07/30/2018	and assigned
Florida document number L18000181562		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
		E 98 8
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	Single P
C-44		2: 55 08104
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> <u>e address here</u> :	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	unier r toriaa street address	
_	, Florid	
	City	Zin 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	Whitney Ann Johnson	2024 Willow Oak Dr. Edgewater	■ Add
			□ Remove
			□ Change
		_	Add
			☐ Remove
			Add
			Remove
			Change -6
			-6 APH 2REMOVE SSEE FLORIDA
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			□ Change

Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records. The 90th day after the record is filed.	
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	_ (optional) ays after filing.) Pursuant to 605.0207 nts, this date will not be listed as
	2:01 a.m. on the earlier of
08/02/2018	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00