

L18000270412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

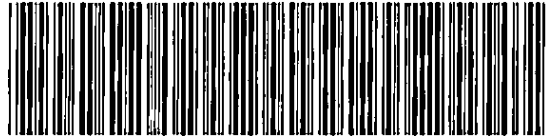
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2016 DEC -6 AM 8:59
SECOND JAIL OF STATE
TALLAHASSEE, FLORIDA

4/2-7-18

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 503707 8255708

AUTHORIZATION :



COST LIMIT : \$25.00

ORDER DATE : November 27, 2018

ORDER TIME : 12:43 PM

ORDER NO. : 503707-001

CUSTOMER NO: 8255708

DOMESTIC AMENDMENT FILING

NAME: BULLS-EYE DESIGNS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BULLS-EYE DESIGNS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/20/2018 and assigned
Florida document number L18000270412.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: _____

(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brian Fultford	1000 Douglas Avenue	<input type="checkbox"/> Add
		#84	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input type="checkbox"/> Change
AMBR	Bryan Fulford	1000 Douglas Avenue	<input checked="" type="checkbox"/> Add
		#84	<input type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2018 DEC - 6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2018 DEC -6 AM 8:59
SECRET
ALL HASSSET FLOKID

FILED
2010 DEC - 6 AM 8:59
DEPT. OF CORRECTIONS
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 06, 2018

Bryan Fulford

Signature of a member or authorized representative of a member

Bryan Fulford

Typed or printed name of signee