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COVER LETTER

	Registration S Division of Co					
SUBJEC		st Shooters L.L.C				
SUBJEC	.1:	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		Scott Stageberg				
Name of Person						
Wild West Shooters						
Firm/Company						
	3004 Fort Caroline Court					
			Address			
	St Augustine Florida 32092					
			City/State and Zip Code			
		Scott@WildWest-Shoote				
		E-mail address: (to be used for future annual report no	filication)		
For further	er information	concerning this matter, please c	all:			
Scott Sta	ageberg		904 373-8315			
	Name (of Person	Area Code Daytii	ne Telephone Number		
Enclosed	is a check for t	the following amount:				
■ \$ 25.0	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: Registration Section		<u>Street Address:</u> Registration Se	ection			
Division of Corporations			Division of Corporations			
P.O. Box 6327		The Centre of	The Centre of Tallahassee			
Tallahassee, 1		FL 32314	2415 N. Monro	oe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wild West Shooters LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 02/1 Florida document number L20000049191	12/2020 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the des	signation "LLC" or the abbreviation "Lac"
Enter new principal offices address, if applicable:	
	2
Trincipal office dudiess 50031 DE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5
B. If amending the registered agent and/or registered office address on our rec agent and/or the new registered office address here:	cords, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	la 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>	Address	Type of Action
MGR	Scott Stageberg	3004 Fort Caroline Ct St Augustine Florida 3209.	2 _ ≡ Add
		74.	_ □Remove
			_ □Change
<u>_</u>			_ □Add
			_ □Remove
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			_ 🗆 Change
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			_ □Add
			_ □Remove
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			_ □Remove
			_ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. tember or authorized representative of a member Scott Stageberg Typed or printed name of signee

Filing Fee: \$25.00