L20000071990

(Re	questor's Name)	
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(Ad	dress)	
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	<u> </u>	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2021 SEP 28 FM 3: 24

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September 22, 2021

CARTER ECHOLS 3135 SOUTHGATE CIR SARASOTA, FL 34239

SUBJECT: BUSHWACKER SPIRITS LLC

Ref. Number: L20000071980

We have received your document for BUSHWACKER SPIRITS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II Letter Number: 421A00022985

www.sunbiz.org

COVER LETTER

Registration Section

Division of Corporations

TO:

Bushwacke	er Spirits LLC		٠	
SUBJECT:	Name of Lin	ited Liability Company	.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Carter Echols			
		Name of Person		
	Bushwacker Spirits			
		Firm/Company		
	3135 Southgate Cir			
	-	Address		
	Sarasota, Fl. 34239			
		Submitted for filing. Itter to the following: Name of Person Firm/Company Address City/State and Zip Code ts.com ss: (to be used for future annual report notification) se call: Area Code Daytime Telephone Number S55.00 Filing Fee & \$ \$60.00 Filing Fee		
	carter@bushwackerspirits.c			202 T.
	E-mail address: (to be used for future annual report notific	cation)	E SH
For further information c	oncerning this matter, please c	all:		2021 SEP 28
Carter Echols				·.·· 8 명
Name o	f Person	Area Code Daytime	Telephone Number	<u>ကို</u> ကို
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificat Certified	te of Status & Copy
Mailing Addres Registration S			ion	
Division of C		-		
P.O. Box 632		The Centre of Ta	llahassee	
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 8]()

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bushwacker Spirits LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	_		
The Articles of Organization for this Limited Liability Company	were filed on March 04, 2020 and	l assigned		
Florida document number 1.20000071980				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	n "L.L.C."		
Enter new principal offices address, if applicable:	Bushwacker Spirits			
Principal office address MUST BE A STREET ADDRESS)	3135 Southgate Cir			
	Sarasota, FL 34239			
Enter new mailing address, if applicable:	Bushwacker Spirits			
Mailing address MAY BE A POST OFFICE BOX)	3135 Southgate Cir			
	Sarasota, FL 34239			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the	new registe		
New Decision 100 Allen	<u> </u>	FP T		
New Registered Office Address:	Enter Florida street address 2.5 C	5 j		
	Florida 💯 .	101		
	City Zip €	nde -		
New Registered Agent's Signature, if changing Registered Agent:	Fig. 2			

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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Carter Echols	2545 Waterview Ct	
		Sarasota, FL 34231	□Remove
AMBR	Michael Smith	135 Waters Run	□Add
		Thomaston, AL 36783	□Remove
			🖃 Change
			□Add
			Remove 1 20 Change
			□Add ☐ Remove
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ffective date, if other than the an effective date is listed, the date must be determined in the date of the date	it be specific and o	cannot be prior to	date of filing or n	iore than 90 days afte	er filing.) Pursuant te	
ote: If the date inserted in this blocument's effective date on the D			le statutory filir	g requirements, th	us date will not be	: fisted as
record specifies a delayed effective is filed.	e date, but not a	an effective time	e, at 12:01 a.m.	on the earlier of: (b) The 90th day	after the
ated September 8		2021	7			
	7///		•			
/ //	7 SM 1					

Typed or printed name of signee