L20000159985

(Requestor's Name)	
(,	Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions	to Filing Officer:	į





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COVER LETTER

TO:	Registration Sec Division of Corp		•	*	**	
	SOUTH FL	ORIDA SHARP SHOOTERS	LLC			
SUBJECT:		Name of Lim	ited Liability Company			
7171					·	
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		NICKSON JULIEN				
			Name of Person			
			Firm/Company			
		2979 NORTH DIXIE HW				
		Address				
		OAKLAND PARK, FL 33	334			
			City/State and Zip Code			
		E-mail address: (to be used for future annual	report notifie	cation)	
For fur	ther information co	oncerning this matter, please ca	ıll:			
STEP	HANIE WILLIAM	S		0-3438		
	Name of	Person	Area Code	Daytime	Telephone Number	
Enclos	ed is a check for the	e following amount:				
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	itus &
	Mailing Address	<u>:</u>	Street Ac			
	Registration S			ition Sect		
Division of Cornorations		Division	a of Carn	aratione		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11110 -2 17 1:25

SOUTH FLORIDA SHARP SHOOTERS 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 6/10/202	and assigned
Florida document number L20000159985		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "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 a	address on our record	s, 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 str	eet address
		, Florida
	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my d	uties, 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>	<u>Address</u>	Type of Action
AMBR	JULIEN, NICKSON	2979 NORTH DIXIE HWY APT 703	□Add
		OAKLAND PARK, FL 33334	
			 _ ≘ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗖 Add
			Remove
			🗀 Change

D. If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
f the recor	d 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 ed.
Dated	6/26/2020
	Signature of a member or authorized representative of a member
	Stephanie Williams
	Typed or printed name of signee

Filing Fee: \$25.00