L20000340001

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
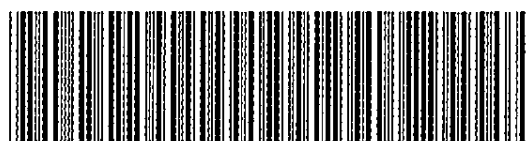(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 12/01/2020

WALK IN

ENTITY NAME TIGER EYE SHOTS LLC

DOCUMENT NUMBER

PLEASE FILE THE ATTACHED AND RETURN

XXXX   Plain Copy

_____   Certified Copy

_____   Certificate of Status

_____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____   Certified Copy of Arts & Amendments

_____   Certificate of Good Standing

_____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $25.00   ACCOUNT #: 120160000072

Please call Tina at the above number for any issues or concerns. **Thank you** so much!

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: Tiger Eye Shots LLC
        _____
                Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabrizio Lengua c/o Zenbusiness PBC
_____
                Name of Person

c/o Zenbusiness PBC
_____
                Firm/Company

5900 Balcones Drive Suite 5000
_____
                Address

Austin, TX 78731
_____
                City/State and Zip Code

fulfillment@zenbusiness.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabrizio Lengua   512   237-7349
_____ at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee   ☐ $30 Filing Fee &   ☐ $55 Filing Fee &   ☐ $60 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                                        Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Tiger Eye Shots LLC

SECOND: The Florida Document number of the limited liability company is: L20000340001

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☑ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The incorrect statement: Effective date is 01/21/2021.

Effective date should be 10/27/2020.

Please change the effective date to 10/27/2020.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

_____

_____

_____

OR

☐ The electronic transmission of the record was defective.

FILED 2010 DEC -1 AM 8:49

_____
Signature of Authorized Representative   Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

_____
Registered Agent's Signature

Filing Fee: **$25.00**
Certified Copy: **$30.00 (optional)**