L21000105435

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FEB 15 DOS
\$ 15 NE
Q _i





800422724378

01/30/24--01021--020 **25.00



COVER LETTER

	tration Section of Corp					
endir <i>e</i> r.	The Tipsy I	Bull, LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed a	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ill correspo	ndence concerning this matter	to the following:			
		Joseph Chavez				
			Name of Person			
		•	Firm/Company			
		1876 N Florida Ave				
		Address				
		Hernando, FL 34442				
		chavezenterprises23@gmai	City/State and Zip Code			
		- -	to be used for future annual report notific	cation)		
For further info	ormation co	oncerning this matter, please of	all:			
Joseph Chave.	<i>l</i> .		352 445-4060 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is a c	theck for th	ne following amount:				
■ \$25.00 Fil	ing 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)		
	ng Address stration S		<u>Street Address:</u> Registration Sect	ion		

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



The Tipsy Buff, 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 03/04/2021	and assigned
Florida document number 1.21000105435		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sportsmens Bowling Center, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 N. Florida Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Inverness, FL 34452	
Enter new mailing address, if applicable:	1876 N Florida ave	
(Mailing address MAY BE A POST OFFICE BOX)	Hernando, FL 34442	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter (</u>	the name of the new registere
Hame of New Neglitered Agent.		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	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		

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
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		•	□Add
			□Remove
			□Change
			□Add
			□Remove
			Fig thereses

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary,)
_	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
an effe ote:	cetive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore Lis file	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.
ated _	·
	1 Man
	Signature of a member or authorized representative of a member
	Joseph Chavez
	Typed or printed name of signee