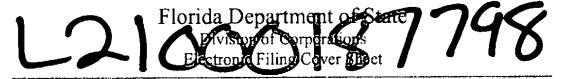
5/13/22, 12:28 PM

Division of Corporations



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(((H22000172125 3)))



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Division of Corporations

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BULLSEYE BINZ LLC

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COVER LETTER

Division of Co			
BULLSET SUBJECT:	YE BINZ LLC		
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzooin.com. Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	searay357@bellsouth.net	City/State and Zip Code	
		o be used for future annual report notif	lication)
For further information	concerning this matter, please ca	II:	
Cheyenne Moseley		800 773-0888 at ()	
Name	of Person	Area Code Daytima	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Pags: 4 of 6

BULLSEYE BINZ LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1.21000187798	vere filed on 04/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Bullseye Pool Service LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "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 off registered agent and/or the new registered office address here		the name of the new
		202
Name of New Registered Agent:		72 7
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	<u>ω Ε</u>
	. Florida	P# 10
	Сиу	Zip Codio C
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 p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am j rovided for in Chapter 605, F.S. Or,	familiar with and if this document is
	_	

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
			□ Remove
			☐ Change
	_		☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

		er change(s) here: (Attach addition	·	
				
				
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(If an effective date i <u>Note:</u> If the date	s listed, the date must be specifi	filing: e and cannot be prior to date of filing or mo not meet the applicable statutory filing of State's records.	re than 90 days after filing.) Pursuant to	o 605.0207 (3)(b) Histed as the

Typed or printed name of signee

r or authorized representative of a member

Signature of a ment

Anthony J Kodriguez