Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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То:	Division of Corporations Fax Number : (850)617-6383	-T PH 2:
From:	Account Name : SLINGSHOT, LLC Account Number : I20210000027 Phone : (505)715-5700 Fax Number : (505)435-9137	

AECIENTED

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAST BREAK PULLZ, LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

To: 18506176383 From: 15053055289 Date: 06/07/21 Time: 5:58 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAST BREAK PULLZ, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 04/27/2021	and assigned
Florida document number 1.21000195612		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	r 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)		7. B
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B. If amending the registered agent and/or registered office	e address on our records, <u>enter th</u>	
agent and/or the new registered office address here:		지역 꽃 다
		2:
Name of New Registered Agent:		50m 5
New Registered Office Address:)×-
	Enter Florida street address	
	, Flor	ida
	City	Zip Code

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.

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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
AMBR	Brian P Collins Jr.	3315 Kilmer Pl.	
		Plant City, FL	Remove
		33566 US	Change
			□Remove
			□ Change
			□ Add
			A Reference To SSM Change III
			PH 2: 15
			Remove
			Change
			□Remove
			[]Change
		. <u> </u>	□ Add
			□Remove
			[]Change

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D. If amending any of	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E Effective data if a	other than the date of filing: (optional)	
(If an effective date is list Note: If the date ins	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0205 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a date on the Department of State's records	? (3)(h : the
If the record specifies a crecord is filed.	delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the	
Dated June 7	2021	
	76 W	
<u> </u>	Signature of a member or authorized representative of a member	
Laurence	e S. Donahue, Esq: Authorized Representative	
	Typed or printed name of signee	

Filing Fee: \$25.00