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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Thundercloud Gunn Club,	LLC		
3000Ee1	Name of I	Limited Liability Company		_
The enclosed Article	s of Amendment and fee(s) are:	submitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
		Alex Walter		<u> </u>
		Name of Person		
	-	Firm/Company		
		1038 S. Frankland Roa	d	
		Address		
		Tampa, FL 33629		
		City/State and Zip Code awalter@walsonventur		
	E-mail addres	ss: (to be used for future annual		_
For further information	on concerning this matter, pleas	e call:		
Alex W	alter	at (813	380-5515	
Nar	me of Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a check f	or the following amount:			
□x \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certiclosed) Certi	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Division of P.O. Box (on Section of Corporations	Registr Divisio The Ce 2415 N	ddress: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Sui assee, FL 32303	nent of State

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thundercloud Gunn Club, LLC

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company were filed on	June 16, 2021	_ and assigned
Florida document numberL21000281195		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
Thundercloud Gun Club, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbre	viation "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)		
		
		رب
B. If amending the registered agent and/or registered office address on ou	r records, <u>enter the name c</u>	of the new register
agent and/or the new registered office address here:		स • •
Name of New Registered Agent:		
New Registered Office Address:		=======================================
	lorida street address	<u> </u>
·	, Florida	37
City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in th	is aurasits. I fouthan agree	i ta aaminki with t
r nereoy accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance		
accept the obligations of my position as registered agent as provided for in		

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 adde 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
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If an eff Note:	ve date, if other than the date of filing:
ne recor ord is fil	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	6-21-21 0
	Signature of a member or authorized representative of a member
	Alex Walter
	Typed or printed name of signee

•