

L23000389291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

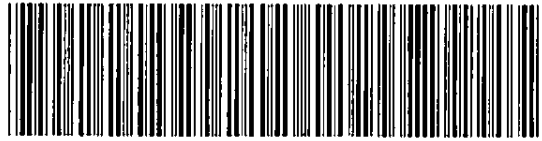
(Business Entity Name)

(Document Number)

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2024 JAN -3 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT
01/03/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equal Shot Training, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack E. Kiker, III, Esq.

Name of Person

WilliamsGautier Law

Firm/Company

2010 Delta Blvd.

Address

Tallahassee, Florida 32303

City/State and Zip Code

jake.kiker@williamsgautier.com

E-mail address: (to be used for future annual report notification)

2025-01-03 PM 1:03
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jack E. Kiker, III, Esq.

850 386-3300

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Equal Shot Training, 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 _____ and assigned
Florida document number L23000389291.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1823 Folkstone Road

Tallahassee, Florida 32312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1823 Folkstone Road

Tallahassee, Florida 32312

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher A. Crawford	3000 Thomasville Road	<input type="checkbox"/> Add
		Tallahassee, Florida 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JT Willis Escobar	1823 Folkstone Road	<input checked="" type="checkbox"/> Add
		Tallahassee, Florida 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

STATE
FL

PM
03

2008-11-11

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III - Management

The company is to be managed by its Member(s) and is, therefore, a Member-managed company.

2023 DEC -3 PM 1:03
DEPT. OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

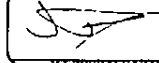
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 15, 2023

DocuSigned by:



75F3988A69A34E4...

Signature of a member or authorized representative of a member

JT Willis Escobar

Typed or printed name of signee

Filing Fee: \$25.00