## L24000354906

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2024 SEP 24 AM 2: 44 5EGRESS STORY

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## **COVER LETTER**

JBJECT:	Name of Lim	ited Liability Company	
		, ,	
he enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
lease return all corresp	condence concerning this matter	to the following:	
	<u> </u>	Name of Person	
	WEALTHY NOTARY LL	C	
		Firm/Company	
	530 SUSAN B BRITT CT	STE 250	
		Address	
	WINTER GARDEN, FL 3	4787	
		City/State and Zip Code	
	BWASHINGTON66@GM.	AIL.COM to be used for future annual report notifie	anting)
		·	cation)
or lurther information	concerning this matter, please ex	1[]:	
BRIDGETTE POLLO	CK WEALTH	305 546-6966	
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addr Registration		Street Address: Registration Sect	ion

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

**TO:** Registration Section

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

TRIGGER TRIBE GUN CLUB LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	2024 000
The Articles of Organization for this Limited Liability Company	were filed on 08/13/2024	2024 SEP 24 and as highed: 44 TALL, HAUSEE, FL
Florida document number 1.24000354906		TALLY HAVE F.STATE
This amendment is submitted to amend the following:		Sole. FL
A. If amending name, enter the new name of the limited liab	ility company here:	
The Lion Tribe Club LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	530 SUSAN B BRITT CT	
(Principal office address MUST BE A STREET ADDRESS)	STE 250	
	WINTER GARDEN, FL 34787	7
Enter new mailing address, if applicable:	530 SUSAN B BRITT CT	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	STE 250	
	WINTER GARDEN, FL 3478	7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addres.	N
	, Flo	orida Zip Code
	Cap	Zip Cone

## 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 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
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ffective date, if other than	the date of fili	AUGUST 0	7.2024	(opt	tional)	
an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the	must be specific as s block does not	nd cannot be prior meet the applic	to date of filing or mable statutory filin	ore than 90 days aft	er filing.) Pursuant to 6	505.0207 isted as t
record specifies a delayed effe Lis filed.	ctive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (	(b) The 90th day a	fter the
CERTELANED OF		2024	·			
ated SEPTEMBER 09		- ` <del></del>				
ated	J					
ated	Signature of	a member or autho	orized representative	of a member	<del></del>	