

L18000079497

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B FIGUEROA

APR 16 2018

From: Ronan <ronan@oaius.com>

To: nsimgmtshari <nsimgmtshari@aol.com>

Cc: Pat O'Neill <pjoneill@nsi-consulting.com>

Subject: FW: Outdoor Adventure Innovations Sunbiz and Articles of Organization

Date: Wed, Apr 4, 2018 4:02 pm

Attachments: Outdoor Adventure Innovations Sunbiz and Articles of Organization.pdf (2948K)

Hi Shari,

Can you contact or if you prefer, provide me with the contact information to have a correction made to the Articles of Organization and corporate documentation/records for Outdoor Adventure Innovations?

My legal name is Ronan. Only one name. This is as it appears on all legal documents; my Social Security card, Voter Registration, birth certificate, DL, Passport, bank account(s), etc. Additionally, the name as it is indicated in these records for me is "Roan, Ronan".

Title MGR

ROAN, RONAN
2420 ENTERPRISE ROAD
CLEARWATER, FL 33763

Thanks so much!

Cheers,
Ronan

From: Pat O'Neill <pjoneill@nsi-consulting.com>

Sent: Wednesday, April 4, 2018 15:05

To: Ronan <ronan@oaius.com>

Subject: FW: Outdoor Adventure Innovations Sunbiz and Articles of Organization

Importance: High

FYI

PJO

From: Shari Gaines [<mailto:nsimgmtshari@aol.com>]

Sent: Wednesday, April 04, 2018 2:24 PM

To: pjoneill@nsi-consulting.com

Subject: Outdoor Adventure Innovations Sunbiz and Articles of Organization

See attached.

Shari Gaines

nsimgmtshari@aol.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTDOOR ADVENTURE INNOVATIONS, 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:

SHARI GAINES
Name of Person

OUTDOOR ADVENTURE INNOVATIONS, LLC
Firm/Company

2420 ENTERPRISE RD., SUITE 207
Address

CLEARWATER, FL 33763
City/State and Zip Code

NSIMGHTSHARI @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARI GAINES at (727) 796-2750
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

OUTDOOR ADVENTURE INNOVATIONS, LCC

(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 3/28/2018 and assigned Florida document number L18000079497.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

City

Zip Code

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DIVISION OF CORPORATIONS
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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	ROAN, RONAN	2420 ENTERPRISE RD., STE. 207 CLEARWATER, FL 33763	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONAN	2420 ENTERPRISE RD., STE. 207 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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APR-9 PM 12:52
Add
Remove
Change

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

NOTE: SEE ATTACHED EMAIL FROM MGR - RONAN.
HE ONLY HAS ONE NAME WHICH IS RONAN, NOT
ROAN RONAN OR RONAN ROAN.

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 4 / 4, 2018

Shari A. Gaines

Signature of a member or authorized representative of a member

SHARI A. GAINES

Typed or printed name of signer