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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations					
SUBJECT: ALN	Da Outdon 1° Name of Lim	ULNG LLC ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Ale	× Panna Name of Person				
		Name of Person				
	Alen	pa Outdoon liv	ing LLC			
	5572 Veneta	way Saint clove	1, IL, 34771			
	Saint Cloud, 7	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	<u> </u>			
	1	City/State and Zip Code				
	E-mail address: (1010 VOS CON LT CS MOSTLY to be used for future annual report notifi	cation)			
For further information co	oncerning this matter, please ca					
Mex Yanna		at (407) 259 5642 Area Code Daytime Telephone Number				
Name of	rerson	Area Code Daydine	retephone (vanoe)			
Enclosed is a check for th	ne following amount:					
图 \$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 Addres		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 632	•	The Centre of Ta				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alenga Outdoon L	rving LLC	
Nenga Outdoon (Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/25/2022	and assigned
Florida document number <u>L22000 457982</u> .	. ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity-company here:	=
	PARRA GAMBO	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e 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 a	ddress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
		. •
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	r cl. II.	r1 r1
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	c.i.y	
I hereby accept the appointment as registered agent and agree	no to got in this congain. I further	garga to comply with the
rnereoy accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	uuaress, 1 nereny conjirm inai ine	: нтиви навину

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>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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n effective o <u>te:</u> If the	te, if other that late is listed, the d date inserted in effective date on	late must be specif this block does	fic and cannot not meet the	e applicable s	e of filing or i	nore than 90 d	_ (optional ays after filing ents, this date	g.) Pursuant to 6	05.020 isted a:
cord spec s filed.	ifies a delayed e					on the earlie	er of: (b) T	he 90th day af	ter the
	4 24		, <u>d</u> .	023_	//				
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ted	J		e of a member		1 1	e of a member	7		