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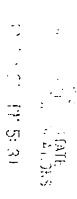
(Requestor's Name)
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## **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:	OUR DECK	C DOWN UNDER, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
			Name of Person		
		HALIFAX LAW GROUP			
		_	Firm/Company		
		P.O. BOX 9357			
			Address		
		DAYTONA BEACH, FL	32120		
		<del></del>	City/State and Zip Code		
		ESERVICES@HALIFAXI			
		E-mail address: (	to be used for future annual report notific		_
For further i	nformation co	oncerning this matter, please ca	all:	C.	5 -
ASHLEY D	. MASON		386 492-4880	,	,
	Name of	Person	Area Code Daytime	Telephone Number	<del>.</del> हुः
Enclosed is a	a check for th	e following amount:		•	19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19
■ \$25.00 F	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	`. <del>.</del>

MAILING ADDRESS:

.

TO:

Registration Section •

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

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I Florida document number L00000001816		2/17/2000	_ and assig	ned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.	C.''
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		- <u>\$</u>	: 
	<del></del>		:	
			5	) <u> </u>
Enter new mailing address, if applicable:			<u>:::</u>	
(Mailing address MAY BE A POST OFFICE	BOX)		<u>_</u>	<del></del>
				- <del></del>
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter the</u>	e name of	the new
Name of New Registered Agent:	DAYTONA REGISTERED AGI	ENTS		
New Registered Office Address:	444 SEABREEZE BOULEVAR	D, SUITE 910		
	Enter Flo	rida street address	-	
	DAYTONA BEACH	, Florida <u>32118</u>	<u> </u>	
	City		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.

1) Hhams JM W Shell

De Changing Rogistered 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>	Address	Type of Action
MGRM	KAY MOORE	1205 PAT AVE NEW SMYRNA BEACH, FL	Add
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			Change
			Add
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ective date, if other than the effective date is listed, the date in this term of the date in this term of the date on the light of the date of the	SOOK GOES HOL INCCLUDE AN	BIJIRCALINE STALLOCKEV LITT	(optional) nore than 90 days after filing.) g requirements, this date of	Pursuant to 605.020 will not be listed a:
record specifies a delaye The 90th day after the re	ed effective date, but cord is filed.	t not an effective i	ime, at 12:01 a.m. o	on the earlier o
ted MAY 22	, 2019	·		
	adnul V	/ml_		
	Signature of a member or	authorized representative	of a member	

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Filing Fee: \$25.00