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OR APR -4 PM 1:5

J. BRYAN

APR - 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A 4-M OUTFITTENS 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nicholas A Roberts (Name of Person) At Moutfitters LLC (Firm/Company)
A+MOU+Fitters LLC "S"
12273 County Rd 137
Wellborn FL 32094 (City/State and Zip Code)
For further information concerning this matter, please call:
Nicholas Roberts at (38b) 965-5312 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS. STREET/COUDIED ADDRESS.

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

A4M Ou	Hitters LLC	•	PH 1:5
(<u>Name of the Limite</u> (d Liability Company as it now appears A Florida Limited Liability Company)	s on our records.)	1:56
The Articles of Organization for this Limited I	• • •	Jan 2008	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited liability company here	<u>2</u> :	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Compar	ny," the designation "LL	C" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Nicholas A	Robert	<u>S</u>
New Registered Office Address:	12273 County	Pd 137 ter Florida street addr	ona)
	(*****		ess)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name Address **Type of Action** MGRM Jason M Cobb Christie Cou □Add Remove MGRM Nicholas A Roberts Add Remove MGRM Nicholas A Roberts Add Remove □Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary., Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00