LD80057815

Office Use Only



300284355653

04/26/16--01020--018 **25.00

SECRETARY OF STATES

APR 2 7 2016 S. YOUNG

COVER LETTER

4

TO: Registration Se Division of Cor			
Original	Outdoor, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael P. Peterson	, Esq.	
		Name of Person	,
	Peterson, Baldor & I	Maranges, PLLC	
		Firm/Company	
	8000 Southwest 117	7th Avenue, Suite 206	
	· · ·	Address	
	Miami, Florida 3318	33	TALLSEC TALLS
		City/State and Zip Code	cation)
	michael@pbmlegal.r	net to be used for future annual report notifi	cation) S
For further information of	concerning this matter, please c		cation) 25 PH 3: 36
Michael P. Peterso	on	305 270-3773	ب ب <u>ن</u> ن ب
' Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he fallowing amount:		
\$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)
Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Original Outdoor, LLC			
(Name of the Limited (/	Liability Compa V Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L08000057815</u>	bility Company 	were filed on 06/11/2008	_ and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and end with the we	ords "Limited Liab	oility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical	ble:	8000 Southwest 117th Avenue	
(Principal office address MUST BE A STREET		Suite 206	<i>≓</i> ′ <i>v</i> ′,
		Miami, Florida 33183	6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	8000 Southwest 117th Avenue Suite 206	IPR 26 PM
Training Maires, Mill Barries C. Fred S	<u>,</u>	Miami, Florida 33183	Pr. 3: 36
B. If amending the registered agent and/o registered agent and/or the new registered offi			
Name of New Registered Agent:	Peterson, E	Baldor & Maranges, PLLC	
New Registered Office Address:	8000 South	west 117th Avenue	
		Enter Florida street address	
	Miami	, Florida <u>331</u>	83
		City	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

		Add
		Remove
		
		П.
		□ Add
		Remove 1
		25 PN 3
		مر م
		Add Remove
		Add

		· · · · · · · · · · · · · · · · · · ·
———— Fective dat	e, if other than the date of filing:	(optional)
	e, if other than the date of filing: te must be specific, cannot be prior to date of receipt or filed date and car current is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
	e, if other than the date of filing: te must be specific, cannot be prior to date of receipt or filed date and car cument is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
		(optional) nnot be more than 90 days after
e date this do	cument is filed by the Florida Department of State)	(optional) unnot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00