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(Re	questor's Name)		_
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COVER LETTER

	egistration Sec vision of Corp			
SUBJECT.	OUTLAW II	NK, LLC		
SUBJECT.		Name of Limit	ed Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please retur	n all correspon	dence concerning this matter to	o the following:	
		Ulises Anderson		
			Name of Person	
		Solid Accounting		
			Firm/Company	
		240 N Biscayne River Dr		
			Address	······································
		Miami Fl 33169		
			City/State and Zip Code	
		uanderson@yoursolidaccoun	₹	
		E-mail address: (to	be used for future annual report notifica	ation)
For further	information co	ncerning this matter, please cal	1:	
Ulises And	erson		786 309-3806 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	a check for the	following 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)

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

OUTLAW INK, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/16/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22773 S State Road 7	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Fl 33317	
Enter new mailing address, if applicable:	22773 S State Road 7	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, Fl 33317	······
registered agent and/or the new registered office address her Name of New Registered Agent:	e:	
New Registered Office Address:	Enter Florida street address	
	, Florid	a
 	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrows or oversions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I	am familiar with and Or, if this document is
		2 m
If Char	nging Registered Agent, Signature of N	' []

Page 1 of 3

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
MGRM	STEVE SANTACRUZ	710 WASHINGTON AVE STE 5	■ Add
		MIAMI BEACH, FL 33139	□ Remove
			Change
			Add
			□ Remove
			Change
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