(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

, TO:

subject: <u>ОИТ</u>	FITTERS TO T Name of Limi	HE OUTSIDERS	440
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Timothy	J. Hurty Es	9
		Firm/Company	 .
	18209 Ca	pe Sable La Address	
	Fort My	City/State and Zip Code	· 803
	aipath	ers @ a moil . Co) M fication)
For further information c	oncerning this matter, please ca	all:	
Tr.mothy Name o	I. Murty Egg	at (239) <u>85/-</u> Area Code Daytim	6565 e Telephone Number
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

1 to	,	HE OUT 51	2025 JAN	21 AH 9:25
Out PITTE	A Liability Compar	HE OUT 51	our records)	<u></u> 5. 25
(Jame of the Little	A Florida Limited L	HE OUTSIC ny as it now appears on a iability Company)	TALLAH	ASSEE, FI
The Articles of Organization for this Limited Lia	bility Company	were filed on		and assigned
Florida document number <u>L09 0000</u>	197/2			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the design	ation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREE)	ADDRESS			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	3 <i>0X</i>)			
financia di				
				4
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	ddress on our recor	ds, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	Iosho	o Stewar Perjuinkla Enter Floridasi	<u> </u>	
New Registered Office Address:	2019	Perjuinkle Enter Florida si	z Wow	
	San; be) City	, Florida	33950'
Now Pegistered Agent's Signature If changing R	egistered Agent:	5,		-

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.

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>	Address	Type of Action
MGRM	Craig Stewart	464 Casa Vbel Rd	
	•	Sambel FL 33957	&Remove
			□Change
MGRM	Evelyn Stewart	464 Casa Ybel Rd	□Add
		Sanibel FL 33957	Remove
			□Change
MGRM	Joshua Stewart	2019 Pariwinkle Way	□Add
		Souther FL 33959	□Remove
			XChange
			□Add
			□Remove
			🗆 Change
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Tective date is li If the date in	other than the d sted, the date must serted in this bloo e date on the Dep	be specific and c ck does not me	annot be prior et the applic	to date of filing able statutory	or more than 90	i days aller filing	i.) Pursuant to 600.
ord specifies a c iled.	delayed effective	date, but not a	n effective t	mc, at 12:01 a	i.m. on the ear	lier of: (b) T	he 90th day after
I_ Ja	140 r y 1	· 4/	2025	_·			
		A		- m		,	
		, A	4	~» /			
	S	Signature of Am	ember or auth	brized represent	ative of a mem	per	

Filing Fee: \$25.00



December 11, 2024

TIMOTHY J. MURTY, ESQ. 15209 CAPE SABLE LN. FORT MYERS, FL 33908

SUBJECT: OUTFITTERS TO THE OUTSIDERS LLC

Ref. Number: L09000029712

We have received your document for OUTFITTERS TO THE OUTSIDERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

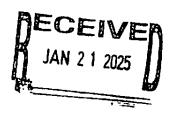
The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II



Letter Number: 824A00026791