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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	= (1)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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12/28/30-013 #25.00 FILED : #1 3: #1

2/2/21

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	rvices & Supply, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sidney E Roberts		
		Name of Person	
	Outback Services & Suppl	y, LLC	
		Firm/Company	
	PO Box 468		
		Address	
	Mayo, FL 32066		
		City/State and Zip Code	
	outbackservices,fl@gmail.c	om to be used for future annual report no	vi (cation)
For further information c	oncerning this matter, please c		meanony
		386 364-8402	
Sidney E Roberts		at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fce	☐ \$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	Section Corporations	Street Address: Registration S Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outback Services & Supply, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on May 11th of 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Outback Construction, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 DEC
		F1L
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	ыр сош

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 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
			□Add
		□ Change □ Add □ Remove □ Change □ Add □ Remove □ Add □ Remove	□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prio ote: If the date inserted in this block does not meet the appli- ocument's effective date on the Department of State's records	icable statutor	ng or more than y filing requir	(option 90 days after fi ements, this c	a al) ling.) Pursua late will no	ant to 60 of be lis)5.020 sted a
record specifies a delayed effective date, but not an effective is filed.	time, at 12:01	a.m. on the e	arlier of: (b)	The 90th	day aft	er the
December 13th 2020	_ ;					
	ν					
Signature of a member drauth	thorized represe	ntative of a me	nber			

. . . .

Filing Fee: \$25.00