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SECRETARY OF STATE,
ALLAHASSEE, FINE

COVER LETTER ..

TO: Registration Section Division of Corporations	
SUBJECT: Stouter LLC	
Name of Limited Liability Company	2009 . TALL
The enclosed Articles of Amendment and fee(s) are submitted for filing.	FILE PORTARY OF TALLAHASSEE
Please return all correspondence concerning this matter to the following:	PH 3: 16 OF STATE EE.FLORI
Harry Delcher Name of Person	TATE LORIDA
Pakn Post II	i
725 S. Nova Road	
Ormond Beach, Florida	32174
Steeliw 2 001 CoM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Harry Delcher at (386) 566 - 3416 Name of Person Area Code & Daytime Telephone N	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, tificate of Status & rtified Copy ditional 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

Stouter	LLC	
(Name of the Limited L (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Lial Florida document number <u>L090000523</u>	bility Company were filed on 5 · 29 · 09	am assigned
This amendment is submitted to amend the follow		LEC 25 PM 25 PM ASSEE, F
A. If amending name, enter the new name of t	he limited liability company here:	3: 10 STATE LORID
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designate	tion "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida stre	et address
	, Flori	
	Citv	Zip Code

New Registered Agent's Signature, if changing 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 **Address Type of Action** Name Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00