L11000058512

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SECRETARY OF STATE DIVISION OF CORPORATIONS

APR 3 0 2014 J. HARRIS

COVER LETTER

TO:

Registration Section
Division of Corporations

Second Amendment Outfitters, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary W. Gorman

Name of Person

Second Amendment Outfitters, LLC

Firm/Company

PO Box 847

Address

Yulee, FL 32041-0847

City/State and Zip Code

marywgorman@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary W. Gorman

_a,410 \490-2704

Name of Person

Area Code

Daytime Telephone 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

Second Amendment Outfitters, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	·			
The Articles of Organization for this Limited I Florida document number L1100005851	Liability Compan	y were filed on May	/ 18, 2011	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company here	:	
The new name must be distinguishable and end with the	e words "Limited Lis	ability Company," the des	signation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				14 SE
				APR APR
Enter new mailing address, if applicable:		PO Box 847		95 SE
(Mailing address MAY BE A POST OFFICE	85076 Comr	nercial Park Driv	/e ஊ 개위도	
		Yulee, FL 3	2041-0847	10: 10: 11: 10:
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	Mary W. Gorman 2331-A 1st Ave Enter Florida street address Fernandina Beach, Florida 32034			
New Registered Office Address:				
				34
	City		, Florida <u>020</u>	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		
		•		

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** 2331-A 1st Ave Mary W. Gorman MGR ■ Add Fernandina Beach, FL 32034 ☐ Remove 3319 Sea Marsh Rd Michael P. Gorman MGR □ Add Fernandina Beach, FL 32034 ■ Remove □ Add □ Add ☐ Remove □ Add ☐ Remove

in amending any other information, enter change(s) here: (Anach adam)	ionai sneeis, y necessary.)
	
•	
	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot	(optional)
the date this document is filed by the Florida Department of State)	
Dated April 17 , 2014.	
May W Gon	
Signature of a member or authorized representative	e of a member
Mary W. Gorman	
Typed or printed name of signee	

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Filing Fee: \$25.00

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