L11000079461

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COVER LETTER

TO: Registration Se Division of Cor			
Outdesig	gn, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Dean L. Willbur, Jr.		
		Name of Person	
	DEAN L. WILLBUR, JR.,	, P.A.	
		Firm/Company	
	11380 Prosperity Farms	Road, Ste. 110A	
		Address	
	Palm Beach Gardens, Fl	L 33410	
	dean@deanlwlaw.com	City/State and Zip Code	
	h-mail address: (to be used for future annual report notifi	cation)
	concerning this matter, please or		
Dean L. Willbur, Jr.		561 775-7577 at()	Telephone Number
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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
Tallaliassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUTDESIGN, LLC.		
(<u>Name of the Limited Liability Comp</u> (A Fiorida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 7-7-11	and assigned
Florida document number L11000079461		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. es
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		.T
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		U -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</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 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
AMBR	Katz Endeavors, Inc.	6500 West Rogers Circle	■ Add
		Suite 7000	☐ Remove
		Boca Raton, FL 33487	G @
CEO	Ronald Katz		□ Add
			☐ Remove
MGR	Perry Boucher	ner	Add
		-	■ Remove
			□ Change
MGR	Michael Boucher		Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date eg: If the date inserted in this block does not meet the applicable s ument's effective date on the Department of State's records.	e of bline or more than 90 days after iii	ng.) Pursuan	nt to 605.0 he listed
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.n	n. on the	earlier
10d JULY 67 . 2018.			

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Filing Fee: \$25.00