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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: TRAISOLE DUHT 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:

Charles O Perkins Name of Perso Name of Person Railside Outfitter? Firm/Company N Ferdoka 49 Address CIRCSTVIEW FI 32536 City/State and Zip Code ant @trailSide Outfilter. Com -mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>850</u>) <u>543-0309</u> Area Code Daytime Telephone Number Charles Perkin

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

FH 1: 52

	TO	RGANIZATI		
Irailside Ou (Name of the Limited	H STH & V Liabilit, Company Florada Limited Lia	LLC y as it now appears ( ability Company)	<u>ou our records.</u> )	
The Articles of Organization for this Limited Lial Florida document number <u>L120000</u>	bility Company v 84683	vere filed on <u>/</u> {	0/9/2013	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	<u>he limited liabil</u>	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ole:		Ferdon	
(Principal office address MUST BE A STREET	ADDRESS)	CRESTUR	1W, F13	2536
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	749 N CRESTVIE	J Ferdon W FI 3	131 vd 2536
<b>B.</b> If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Charl	es D	Perkins	
New Registered Office Address:	<u></u>	V. Fercl	0 1	
	Crestvi		, Florida	<u>32536</u> Zip Code

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 The company has been notified in writing of this change.  $\bigcirc$ 

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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>	Name	Address	<u>Type of Action</u>
MGR	Wilson, Mike	Shailmar Fl 3257	Add
		Shailmar Fl 3257	7 Remove
			Change
MGR	Wilson, Lauren	221 Country Club Rd	Add
		Shalimer Fl 32579	Remove
		·	Change
N <u>GIR</u>	Charles O. Perkins	749 N Ferdon Blvd	Add
		CVESTVIEW FT 32536	🛛 Remove
			🗋 Change
			🗆 Add
		<u> </u>	🗖 Remove
			🗖 Change
			Add
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			Change

D. If amending any other informa	ion, enter change(s) here:	(Attach additional sheets,	if necessary.)
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E. Effective date, if other than the date of filing: <u>JUJJ</u> (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

. 2017. July 11 Dated \_\_\_\_\_ Chala O Pelin A Signature of a member or authorized representative of a member Charles O. Porteins Jr. Typed or printed name of signee \_\_\_\_\_

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Filing Fee: \$25.00