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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

	Registration Se Division of Cor			
em me		tdoors, LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	
Treative re-		Scott L Taylor		
		Name of Person Cookin' Outdoors, LLC Firm/Company 5410 S Sellas St Address Tampa, FL 33611 City/State and Zip Code taylormade@cookinoutdoors.com E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: 813 363-8690 at (
		Cookin' Outdoors, LLC		
			Firm/Company	
		5410 S Sellas St		
			Address	
		Tampa, FL 33611		
		taylarmadı/ilaaakin uutdaar		
				ation)
For furth	er information c	oncerning this matter, please co	ill:	
Scott L T	Taylor			
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	Lis a check for the	ne following amount:		
≘ \$25.0	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 Addres Registration 5		<u>Street Address:</u> Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cookin' Outdoors, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on 10/04/2012	and assigned
Florida document number L12000126760		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 ADDRESS)		 _
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registered
agent and/or the new registered office address here:		,
Name of New Registered Agent:		
New Registered Office Address:		j.
	Enter Florida street address Florid:	, 能量的
	City	Zip Codu
New Registered Agent's Signature, if changing Registered Agent	•	FF1

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joyce G Taylor	5410 S Sellas St, Tampa, FL 33611	實Add
			Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
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			Remove
			□ Change

If amending any other inforn						
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	t meet the applic	able statutory fili	more than 90 days at ing requirements, t	ier filing.) Pursuant (his date will not b	o 605.0207 (e listed as t
e record specifies a delayed effected is filed.	tive date, but n	ot an effective ti	ime, at 12:01 a.m	. on the earlier of:	(b) The 90th day	after the
Dated July 13		2021				
Dated		. ,	 ·			
	/					
Sur						_
Lut	Signature of	a member or auth	orized representativ	ve of a member		_

Filing Fee: \$25.00