

43000092078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

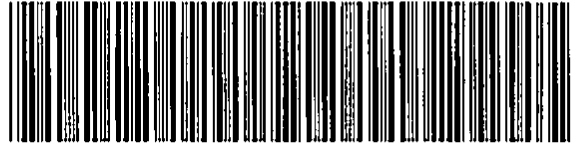
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/19--01032--015 **60.00

05/14/19 11:00 AM

MAY 30 2019
C:CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTDOOR REPUBLIC, 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:

JOSEPH B. SALADINO

Name of Person

OUTDOOR REPUBLIC, LLC

Firm/Company

25351 ISLAS DRIVE

Address

PUNTA GORDA, FL 33955

City/State and Zip Code

croagner@outdoorrepublic.net

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

For further information concerning this matter, please call:

JOSEPH B. SALADINO

Name of Person

at (941) 628-9375

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**

OUTDOOR REPUBLIC, 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 Liability Company were filed on _____ and assigned
Florida document number L13000092078.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (SAME)

(Principal office address MUST BE A STREET ADDRESS)

1080, TAYLOR ST. #114

PUNTA GORDA

FLORIDA 33950

Enter new mailing address, if applicable: *

(Mailing address MAY BE A POST OFFICE BOX)

25351 ISLAS DRIVE

PUNTA GORDA

FLORIDA 33955

**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:

JOSEPH B. SALADINO

New Registered Office Address:

25351 ISLAS DRIVE

Enter Florida street address

PUNTA GORDA

Florida

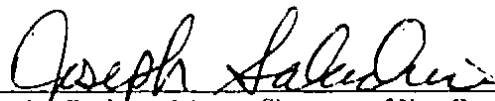
33955

City

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH B. SALADINO	25351 ISLAS DR.	<input checked="" type="checkbox"/> Add
		PUNTA GORDA	<input type="checkbox"/> Remove
		FLORIDA 33955	<input type="checkbox"/> Change
MGR	GERGE M. DAVIS	PO BOX 511552	<input type="checkbox"/> Add
		PUNTA GORDA	<input checked="" type="checkbox"/> Remove
		FLORIDA 33951	<input type="checkbox"/> Change
MGR	CHRISTINA DAVIS	PO BOX 511552	<input type="checkbox"/> Add
		PUNTA GORDA	<input checked="" type="checkbox"/> Remove
		FLORIDA 33951	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Note: 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.

Dated MAY 2ND, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee