

L13000178568

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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FEB 06 2017

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Outfield Resort Group FL, 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:

Steve LaMantia

Name of Person

Outfield Resort Group FL, LLC

Firm/Company

135 E Hickory St

Address

Denton TX 76201

City/State and Zip Code

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

For further information concerning this matter, please call:

Steve LaMantia

940

453-6234

at (_____) _____

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Outfield Resort Group FL, 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 December 18, 2013 and assigned
Florida document number L13000178568.

This amendment is submitted to amend the following:

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

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:

1650 Celebration Blvd. #310

(Principal office address MUST BE A STREET ADDRESS)

Celebration, FL 34747

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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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>
AMBR	Elliott Levy	1650 Celebration Blvd. #310	☒ Add
		Celebration, FL 34747	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (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)

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.

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.

Dated January 31, 2017

January 31, 2017



Signature of a member or authorized person

Signature of a member or authorized representative of a member

Steve LaMantia

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
OUTFIELD RESORT GROUP FL, LLC

Filing Information

Document Number L13000178568
FE/EIN Number 46-4440840
Date Filed 12/18/2013
State FL
Status ACTIVE

Principal Address

703 N. MCGOWEN AVE.
CRYSTAL RIVER, FL 34429

Mailing Address

703 N. MCGOWEN AVE.
CRYSTAL RIVER, FL 34429

Registered Agent Name & Address

LAMANTIA, STEVE
703 N. MCGOWEN AVE.
CRYSTAL RIVER, FL 34429

Authorized Person(s) Detail

Name & Address

Title MGRM

OUTFIELD MARKETING, LTD
135 E. HICKORY ST.
DENTON, TX 76201

Annual Reports

Report Year	Filed Date
2014	02/24/2014
2015	04/23/2015
2016	05/06/2016

Document Images

05/06/2016 - ANNUAL REPORT	View image in PDF format
04/23/2015 - ANNUAL REPORT	View image in PDF format
02/24/2014 - ANNUAL REPORT	View image in PDF format
12/18/2013 - Florida Limited Liability	View image in PDF format

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