## L14000120402

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800270251648

03/10/15--01011--006 \*\*30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

Manuchs (25)

## **COVER LETTER**

45.

TO: Registration Section Division of Corporations
SUBJECT: Xtreme Rush Jetpack Rentals 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:
Robert Outler Name of Person
The Outer Group Firm/Company
16275 SW 70 St
Pembroke Pines FL 3333/ City/State and Zip Code
E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (95Y) (607-0303)  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. 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

Hreme Rush Jet Pack I (Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.)  Japan Maria Mar
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000130402</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi  The Outler Grap LLC.  The new name must be distinguishable and end with the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>le</u>	<u>Name</u>	Address	Type of Actio
			Add
			□ Remove
	,	*****	
			□ Add
			☐ Remove
			Add
	1 1	V	□ Remove
			Remove
			☐ Remove
			Add
			□ Remove

,						
					· · · · · · · · · · · · · · · · · · ·	·
 Fontiso	data if other th	on the date of G	lings			(optional)
		an the date of fil fic, cannot be prior to by the Florida Depart		or tiled date and ca	nnot be more than	90 days after
ted	13/3/15	) March 3	201	5.		
	(01.5/11.5	Make				
			_ \			r

Page 3 of 3

Filing Fee: \$25.00