

3/6/2015

UP000020790
 Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : DELOACH, PL
 Account Number : I20030000125
 Phone : (407)740-5005
 Fax Number : (407)740-5025

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sarah@deloachplanning.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 OUTDOORS 360, LLC**

Certificate of Status	0
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Page Count	05
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MAR 09 2015

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Outdoors 360, 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:

Sarah H. Hayford_____
Name of Person**DeLoach, P.L.**_____
Firm/Company**1206 East Ridgewood Street**_____
Address**Orlando, Florida 32803**_____
City/State and Zip Code**sarah@deloachplanning.com**_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah H. Hayford_____
at ()
Area Code**480-5005**_____
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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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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

Outdoors 360, 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 February 3, 2015 and assigned
 Florida document number L15000020790.

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 end with the words "Limited Liability Company," the designation "LLC" or the 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:

Enter Florida street address

City, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Robert E. Chapman, IV	230 NW Harris Lake Dr	<input type="checkbox"/> Add
		Lake City, FL 32055	<input checked="" type="checkbox"/> Remove
MGR	Robert Blair Ashton Family	1309 Webster St	<input type="checkbox"/> Add
		Orlando, FL 32804	<input checked="" type="checkbox"/> Remove
MGR	Ralph R. Rowand	154 NW Emporia Gln	<input type="checkbox"/> Add
		Lake City, FL 32055	<input checked="" type="checkbox"/> Remove
MGR	Jonathan N. Chapman	7808 111th Ter E	<input type="checkbox"/> Add
		Parrish, FL 34219	<input checked="" type="checkbox"/> Remove
AMBR	Robert E. Chapman, IV	230 NW Harris Lake Dr	<input checked="" type="checkbox"/> Add
		Lake City, FL 32055	<input type="checkbox"/> Remove
AMBR	Robert Blair Ashton Family	1309 Webster St	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Ralph R. Rowand	154 NW Emporia Gln	<input checked="" type="checkbox"/> Add
		Lake City, FL 32055	<input type="checkbox"/> Remove
AMBR	Jonathan N. Chapman	7808 111th Ter E	<input checked="" type="checkbox"/> Add
		Parrish, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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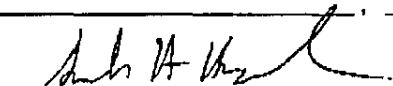
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Outdoors 360, LLC is to be managed by one or more Member-Managers, and
is, therefore, a Member-Managed limited liability company.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated March 6, 2015



Signature of a member or authorized representative of a member

Sarah H. Hayford

Typed or printed name of signer

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Filing Fee: \$25.00

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