LIS0000 52746

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	egistration Se ivision of Cor			
CUBIECT	Dade Outfit	ters LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Cynthia Sarsen		
			Name of Person	
			Firm/Company	
		1782 Casselberry Court		
			Address	
		Fleming Island FL 32003		
			City/State and Zip Code	
		csarsen@sarsenlaw.com		
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please c	all:	
Cynthia Sa	arsen		813 453-7697 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

oany as it now appears on our records.) I Liability Company)		
y were filed on 3/24/2015 and assigned		
bility company here:		
oility Company," the designation "LLC" or the abbreviation "L.L.C."		
14950 US Hwy 301		
Dade City, Florida 33523		
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14950 US Hwy 301		
Dade City, Florida 33523		
office address on our records, enter the name of the		
The state of the s		
### On ###		
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 = M $AMBR = A$	anager uthorized Member 🕠 🗸		
<u>Title</u>	<u>Name</u>	Address .	Type of Action
			
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ective date, if other than the d	ate of filing:		(opt	ional) 💮 🤲	
effective date is listed, the date must be te: If the date inserted in this bloc nument's effective date on the Dep	k does not meet the app	plicable statutory t	or more than 90 days after filing requirements, the	r filing.) Pursuant is date will not l	to 605.020 be listed a
record specifies a delayed of he 90th day after the recor		not an effectiv	ve time, at 12:01	a.m. on the	earlier (
ed September 9	, 2015				
		uthorized representa			

Page 3 of 3

Filing Fee: \$25.00