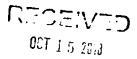
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O SIMMONS OCT 2 1 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Outdoon Galling Innovations LK 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:
Laclos Cabrera Name of Person
Ostdoor Grilling Innovations
2771 SW 137 Terrace
MITAMAR FI 33027 City/State and Zip Code
E-mail address: (16 be used for future annual report notification)
For further information concerning this matter, please call:
CARPS CAPIERCE at 954 235-7662 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

Out doon will	ing movat	lons (LC
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on outla Limited Liability Company)	<u>ir records.</u>)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 1/2	2-6/16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	•
The new name must be distinguishable and contain the words "Li	mited Liability Company " the designat	ion "LLC" or the abbreviation "L.L.C."
	mined Elability Company, the designar	on EEC of the Boots (Infinite EEE)
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADE	<u></u>	
		
Enter new mailing address, if applicable:		المنا الموا
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida stre	et 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 **Type of Action** Name Edgar D Perea 2771 SW 137 Ten DAdd MWAMAL FT 33027 - Remove Change □ Add ☐ Remove -:≓□ Change _**_** Add __ □-Remove Change _□ Remove ☐ Remove

_□ Change

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ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	
ed angust 27, 2618 Carlos A. Cobardon Signature of a member or authorized representations.	

Page 3 of 3

Filing Fee: \$25.00