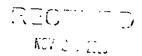
## L16000038143

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## **COVER LETTER**

TO:		ion Section of Corporations	<b>~</b> *	₹
		ne Outdoors, LLC.		*
SORTE	.C1:	Name of Lin	nited Liability Company	
		les of Amendment and fee(s) are sul	-	
Please r	return all co	rrespondence concerning this matter	r to the following:	
		Marissa English		
			Name of Person	
		Lifeline Outdoors, LLC.		
		<del>- ,</del>	Firm/Company	<del></del>
		6091 NE 108th Ave		
			Address	· · · · · · · ·
		Bronson, FL 32621		
			City/State and Zip Code	
		lifelineoutdoors@yahoo.co	en (to be used for future annual report n	ntification)
For furti	her informa	ition concerning this matter, please of	•	
Marissa	English		352 283-2702	
Name of Person		lame of Person	at () Area Code Dayt	ime Telephone Number
Enclose	ed is a check	t for the following amount:		
<b>#</b> \$25	i.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A		Street Address:	Section
Registration Section Division of Corporations			Registration S Division of C	
	P.O. Box 6327		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lifeline Outdoors, LLC.		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complex Horida document number L16000038143	pany were filed on 02/23/2016	and assigned
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	20
		: 2 =
Enter new mailing address, if applicable:	<u></u>	: 7 [
(Mailing address MAY BE A POST OFFICE BOX)		平门
		00
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	, Flori	
	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 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>	Address	Type of Action
MGR	Jarrett Williams	6091 NE 108th Ave	
		Bronson, FL 32621	□ Remove
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ective date, if other than the d	ate of filing:		(optional)	
ective date, if other than the d effective date is listed, the date must b e: If the date inserted in this bloo	oe specific and cannot be prior to o	late of filing or more than 9	0 days after filing.) P	ursuant to 605,020
ument's effective date on the Dep	partment of State's records.			
cord specifies a delayed effective of filed.	date, but not an effective time	, at 12:01 a.m. on the ea	rlier of: (b) The 9	Oth day after the
November 17	2020	-		
4.0	1-11 1 1			
Mousse à	They Call	ed representative of a mem	ber	

Filing Fee: \$25.00