L 16000156886

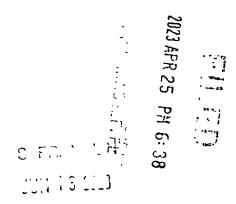
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



800407382808

04/25/23--01024--001 **25.00



COVER LETTER

Registration Section

TO:

| Division of Co | rporations | | |
|---|---|--|---|
| NORTH | WEST FLORIDA OUTDOOR: | S LLC | |
| SUBJECT: | WEST FLORIDA OUTDOOR: | nited Liability Company | - <u>, </u> |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Ulli Steiner | | |
| | | Name of Person | |
| | Tax Professional Servise. | LLC | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 1105 W Maple Ave | | |
| | | Address | |
| | Geneva, AL. 36340 | | |
| | | City/State and Zip Code | |
| | ulli@taxprolle.com | to be used for future annual report no | tification) |
| For further information | concerning this matter, please c | | |
| Ulli Steiner | | 334 684-6398 | |
| Name | of Person | at ()Daytin | ne 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 Addro Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of 2415 N. Monre | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NORTHWEST FLORIDA OUTDOOF | | | | |
|---|---|----------------------|--------------|-----------------|
| (<u>Name of the Limited L</u> (A F | hability Company as it now appears on our records.) lorida Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company were filed on 08/22/2016 | | | and assigned | |
| Florida document number L16000156886 | | | | |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | e limited liability company here: | | 2(| |
| Northwest Florida Fence, LLC | | | 2023 / | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the | abbreviat | ion 3.L. | .C." 🖫 💆 |
| Enter new principal offices address, if applicable | 2: | 11 51. | 25 | 7.574 W |
| Principal office address MUST BE A STREET A | | <u></u> | -P | (,,,,,) |
| | | <u> </u> | 6. | 7, 100 J |
| | | <u> </u> | သမ | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BO. | <u></u> | | | |
| | | | | |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | | ame of th | ie new | <u>register</u> |
| Name of New Registered Agent: | *************************************** | | | |
| New Registered Office Address: | | | | |
| | 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 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 |
|--------------|-------------|----------|----------------|
| N/A | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | <u> </u> | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |

| N/A | | | | | |
|--|---|--|--|--|--------------------------|
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | _ |
| | <u></u> | | | | - |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | <u> </u> |
| Effective date, if other (If an effective date is listed, the Note: If the date inserted | than the date of filing: he date must be specific and c I in this block does not me c on the Department of Sta | cannot be prior to date o cet the applicable stat | f filing or more than 90 da utory filing requiremen | (optional) ys after filing.) Pursuant to 6 nts, this date will not be li | 05.0207 (3 sted as th |
| | | | | | |
| document's effective date | ed effective date, but not a | n effective time, at 1 | 2:01 a.m. on the earlie | r of: (b) The 90th day af | ter the |
| document's effective date ne record specifies a delayer ord is filed. | ed effective date, but not a | an effective time, at 1 $\frac{2023}{}$. | 2:01 a.m. on the earlie | r of: (b) The 90th day af | ter the |
| | Suit | 2023 | | | ter the |
| document's effective date ne record specifies a delayer ord is filed. | Suit | 2023 | 2:01 a.m. on the earlie | | ter the |

Filing Fee: \$25.00