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COVER LETTER

TO: Registration Division of C	Section Corporations		
subject: Fr	ESH START OUTOOD Name of Lin	RS LLC nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Kory H	ERRING Name of Person	
		START OUTDOORS	LIC
	2375	BANK WALKER T	trl.
	DELAI Fresh	ND FL 32724 City/State and Zip Code Startout doors (to be used for future annual repo	Damil Com
For further informatio	n concerning this matter, please c		
Kory L	ERRING ae of Person	at (<u>3810)</u> Area Code I	373 -5393 Daytime Telephone Number
Enclosed is a check fo	or the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

FRESH START OUT[xors, LLC			
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabili	· · · · · · · · · · · · · · · · · · ·	ed .		
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" or the abbreviation "L.L.C.			
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)			
		_		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	Q	_		
	19 55 19			
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, enter the name_of	the new		
registered agent and/or the new registered office	address nere.			
Name of New Registered Agent:		<u></u>		
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KYE HERRING	2375 BANKWALKER TRL, DELAND, FL 32724	XAdd
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			🗆 Add
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Note:	rive date, if other than the date of filing: 7/3/9 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next of the date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 3 . 2019
	Signature of a member or authorized representative of a member
	Kory Herring

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Filing Fee: \$25.00