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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		Outdoor LLC		
		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Christopher Rogers		
			Name of Person	
		All Florida Outdoors LLC		
	•		Firm/Company	
		15 Orangewood Ct		
			Address	
		Apopka, FL 32703		
			City/State and Zip Code	
		allfloridaoutdoor@gmail.c		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please co	all:	
Christop	oher Rogers		321 663-2321 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

All Florida Outdoors LLC		
(Name of the Limited Liability Company as it now at (A Florida Limited Liability Compa	opears on our records.) my)	
The Articles of Organization for this Limited Liability Company were filed or	n 4/24/2017 and assigned	d
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability compan</u>	y 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 ADDRESS)	ದೆ	SEC
	PR	AE.
	<u>ئ</u>	ASS ASS
Enter new mailing address, if applicable:	<u> </u>	ASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)	<u> က်</u>	1.S
	32	20 A
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, <u>enter the name of t</u>	-
Name of New Registered Agent:		
New Registered Office Address:	· Florida street address	
Little		
City	, Florida	

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>	Name	<u>Address</u>	Type of Action
VP	Chad Allen	15 Orangwood Ct	□ Add
		Apopka FL 32703	Remove
			☐ Change
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			Remove
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an effective date i <u>lote:</u> If the date	of other than the is listed, the date must inserted in this betive date on the D	st be specific and lock does not a	d cannot be prio meet the appli	r to date of filin cable statutory	g or more than to filing require	(optional 00 days after filin ements, this dat	l) ag.) Pursuant to 605.0 te will not be listed	0207 (d as t
	cifies a delaye y after the rec			ot an effect	ive time, a	t 12:01 a.m	, on the earlie	er of:
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	· /	Link	Coroles	_				
		Signature of a	memoer or aut	norized represen	ntative of a mer	nber		

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Filing Fee: \$25.00