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COVER LETTER

Div	ision of Corp	porations		
SHRIFTT		OORS UNLIMITED LLC		
SOBILCT.		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cody Westfall		
			Name of Person	
		ALL OUTDOORS UNLIN	AITED LLC	
		-	Firm/Company	
		1190 4TH ST		
			Address	
		ORANGE CITY/FL 32763	3	
			City/State and Zip Code	
		alloutdoorsunlimitedllc@gn		
		E-mail address; (to be used for future annual report notifi-	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Tiffani McC	lettan		407 4851830 at ()	
	Name of	Person	at ()	Telephone Number
Enclosed is a	echeck for th	e following amount:		
■ \$25.00 F	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL OUTDOORS UNLIMITED		
(Name of the Lim	ited Liability Company as it now apports (A Florida Limited Liability Company)	ears on our records.)
_	Liability Company were filed on _	JUNE 23, 2017 and assigned
	llowing:	
Plorida document number 1.17000136627 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 "LLC". There new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Center new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 1190 4TH ST		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	22
Enter new mailing address, if applicable:		201 4
<u>Mailing address MAY BE A POST OFFICI</u>	<u> </u>	
		Ü
		on our records, enter the name of the
Name of New Registered Agent:	Titfani L McClellan	
New Registered Office Address:		
	Enter F	lorida street address
	Orange City	, Florida ³²⁷⁶³
	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	TIFFANI I. MCCLELLAN	1190 4TH ST	□ Add
		ORANGE CITY, FL 32763	□ Remove
			■ Change
AMBR	CODY A WESTFALL	1190 4TH ST	 Add
		ORANGE CITY, FL 32763	
			☐ Change
			□ Add
			Remove
			Change
			Remove
			Change
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		<u></u> _	☐ Change
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ective date, if other than a effective date is listed, the date te: If the date inserted in the tunnent's effective date on the	must be speci is block does	ific and can s not meet	not be prior (the applica	o date of fili	ng or more tha	n 90 days atl	tional) er filing.) Pur his date will	suant to 605. not be liste
record specifies a dela The 90th day after the	yed effect record is (tive date filed.	e, but not	an effec	tive time,	at 12:01	a.m. on t	he earlie
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Filing Fee: \$25.00