

L17000187243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

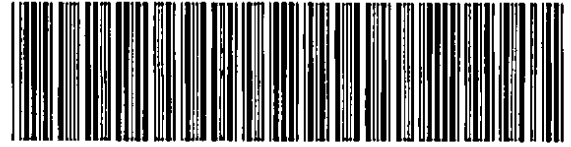
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MAIL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Property Outlaws, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Sullam
Name of Person

Property Outlaws, LLC
Firm/Company

1201 N. Federal Hwy #4345
Address

Fort Lauderdale, FL 33304
City/State and Zip Code

admin@Propertyoutlawsllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Sullam at (561) 361-2642
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1. 1. 1. 1. 1.

2022 MAY 13 PM 1:48

DEPT. OF STATE
ALABAMA SEL. FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Rob Yakkey</u>	<u>1201 N. Federal Hwy #4345</u>	<input type="checkbox"/> Add
		<u>Ft Lauderdale, FL 33338</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>Officer</u>	<u>Joanne Yakkey</u>	<u>1201 N Federal Hwy #4345</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale FL 33338</u>	
		<u>1201 N Federal Hwy</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

removing Joanne Yakkey from
the company

E. Effective date, if other than the date of filing: 6/1/22 **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5/10/22


Signature of a member or authorized representative of a member

Rob Yakkey

Typed or printed name of signee