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Certified Copies	_ Certificate:	s of Status
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Special Instructions to I	Filing Onicer:	
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corpo	orations		
suвјест: <u>Prop</u>	erty Outlaws Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
		A Sullam Name of Person  A Outlaws, uc Firm/Company	
	1201 P. F	ed=ral Huy to	4345
		Clerchale FL =	
	E-mail address: (to	party outlaws il a	ication)
For further information con	cerning this matter, please cal	N:	
Name of F		at (576) 361. Area Code Daytime	2642 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 Address: Registration Se Division of Co P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Property Outlaws, L	LC	2022 MAY 13 P	M 1:48			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	 STATE FLORID <i>I</i>			
The Articles of Organization for this Limited Liability Company		9/1/2017	and assigned			
Florida document number <u>L 17000 187 243</u>		4 '				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abbrevia	tion "L.L.C."			
Enter new principal offices address, if applicable:		<del></del>				
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)			<del> </del>			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the name of (</u>	he new registere			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
		, Florida				
New Registered Agent's Signature, if changing Registered Agent:	City	Zij	n Code			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this c					

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Rob Yakkey	1201 N. Federal Hwy *434	<u>S</u> □Add
	<b>G</b>	Ft Lauderdale, FL 33338	□Remove
			□Change
officer	Donne Yalckey	1201 NERDONAPHW/**4345 Fort Lauderglace FL 3333 Varyangerelessible	□Add
		vor many Gederal the	<del>/R</del> emove
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Note: If the	date inserted	than the date e date must be sp in this block d on the Departi	oes not meet	the applicab	date of filing or	more than 90 ling requires	(option: ) days after filinents, this di	al) ing.) Pursuant to 6 ate will not be I	505.0207 ( isted as t
e record spec rd is filed.	rifies a delayed	d effective date	e, but not an e	ffective time	e, at 12:01 a.n	n. on the ear	tier of: (b)	The 90th day a	fter the
Dated	5/10/2	2			. •				
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