1. L 18000101465

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900342073749

03/17/20--01018--001 **30.00

2020 MAR 17 P 12: 25

LL(
illand,

MAR 1 7 2020 D CONNELL

COVER LETTER

(FO: Registration Section Division of Corporations
SUBJECT: GCrden Outdoors And Logistics, LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melody (Gordon Gardon Outdoors and Logistics, LLC Firm/Company 285 White Oak Ridge Rd Address Princy FL 32352 City/State and Zip Code Magardon 551 @ Amail. Com
E-thail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Melody Cordon at (850) 322-673 Name officerson Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Ocrdon</u> (Jutocors And Logistics, LLC
(Name of the Limited L (A F	lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on <u>July - 23 - 2518</u> and assigned
Florida document number	
This amendment is submitted to amend the following	ng:
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 BO)	
	27
B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the new registered
agent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Regis	

1

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 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	Brian Merris	270 Van Lane	EAdd
		Quincy FL 323	52 Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		**************************************	□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note:	tive date, if other than the date of filing: Jan 15, 200 (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 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	4 March 16. 2020
•	Melody a Condon
	Signature of a member or authorized representative of a member
	(0,0)

Filing Fee: \$25.00