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COVER LETTER

| SUBJECT: Name of Limited Liability Company | |
|--|-----------------|
| 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: JORDAN JACOBSON Name of Person OUTSIDE UNLIMITED USA, LLC Firm/Company | |
| Please return all correspondence concerning this matter to the following: JORDAN JACOBSON Name of Person OUTSIDE UNLIMITED USA, LLC Firm/Company | |
| JORDAN JACOBSON Name of Person OUTSIDE UNLIMITED USA, LLC Firm/Company | |
| Name of Person OUTSIDE UNLIMITED USA, LLC Firm/Company | |
| OUTSIDE UNLIMITED USA, LLC Firm/Company | |
| Firm/Company | - |
| | |
| 7491 N FEDERAL HIGHWAY UNIT C5 318 | <u>.</u> |
| PER STREET, HARLING CONTRACTOR | |
| Address BOCA RATON FLORIDA 33487 | |
| City/State and Zip Code INFO@OUTUNLIMITED.COM | - |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| JORDAN JACOBSON 954 648-5997 | |
| Name of Person at (| T |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified | ite of Status & |

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

| OUTSIDE UNLIMITED USA, LLC | | |
|---|--|---|
| (Name of the Limited Liability Compa (A Florida Limited | nny as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L18000110681</u> | were filed on $\frac{05-02-2010}{}$ | 8 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | sility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7491 N. FEDERAL HW | VY.UNIT-C5 318 |
| (Principal office address MUST BE A STREET ADDRESS) | BOCA RATON, FL 33 | 487 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 7491 N. FEDERAL HV BOCA RATON, FL 33 | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ecords, <u>enter the name of the no</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stree | r address |
| | | Florida |
| | 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> | <u>Address</u> | Type of Action |
|--------------|---------------|---|--|
| AMBR | VALERIE COHEN | 7491 N Federal Hway, Unit C5 318, Boca Raton FL 33487 | |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | (optional) date of filing or more than 90 days after filing.) Pursuant to 605. e statutory filing requirements, this date will not be liste | 020 ed a |
| he record specifies a delayed effective date, but not a The 90th day after the record is filed. | an effective time, at 12:01 a.m. on the earlie | er c |
| Dated November 26 2018 | | |
| Dated | • | |
| | | |
| Signature of a member or authorize | red representative of a member | |
| Jordan Jacobs | () m | |
| Tordan Jacobs | | |

Page 3 of 3

Filing Fee: \$25.00