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COVER LETTER

	ion Section of Corporations				
SUBJECT:	300KOUTDOORS	COM, LLC			
	ì	Name of Eimited Liabilit	y Company		
Dear Sir or Madar	n:				
The enclosed State	ement of Correction and fee(s) a	re submitted for tiling.			
Please return all co	orrespondence concerning this n	natter to the following:			
J.	Michael Hai	nnon			
	Name of Person				
	Firm/Company	,			
	721 Clyde St Address	rect			
,	acha, FL 33				
	City/triate tails /sip evide				
ihann	on e hannen/d	awaroup. co	'n		
→E-mail addre	ss: (to be used for future annual	repor⊌notification)			
For further inform	ation concerning this matter, plo	ase call:			
2. Wlock	Name of Person	at (<u>202</u>)_	345-5541		
i	Name of Person	Area Code	Daytime Telephone Number		
STREET/COUR			AILING ADDRESS:		
Registration Section Division of Corpo		Registration Section Division of Corporations			
Clifton Building		P.0	P.O. Box 6327		
2661 Executive Co Tallahassee, Florid		Та	llahassee, Florida 32314		
Enclosed is a chee	ck for the following amount:				
X \$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy		

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

		•	ted to correct a previously filed dot	, unicat.
<u>FIRST</u>	$\underline{\Gamma}$: The name of the limite	d liability company is: <u>BOO</u>	KOUT DOORS. COM,	
SECO THIR			bility company is: L18000	
	(CHECK THE A	APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE S	<u> </u>
×	Contains an incorrect s statement are as follow		, the reason the statement is incorre	ect, and the corrected
	incorrect	e of the Limiter because of A- De BOOKOUTDOR	d Liability Con typographical ecros	The name
	OR	<u> </u>	May 1 E C C	5 99 19
	Was defectively signed as follows:	l. The manner in which the docun	nent was defectively signed and the	AR-8
	OR			PHI 6: 04
		ssion of the record was defective. Lehen June 1991 Authorized Representative	March 6,	20.19
	ure of new registered ageing the designation).	nt, if applicable :(NOTE: if correc	cting the registered agent, the new r	registered agent must sign
I hereb provisi obligat reflect	y accept the appointmen ons of all statutes relativ tions of my position as re	e to the proper and complete perfo gistered agent as provided for in C	e act in this capacity. I further agree ormance of my duties, and I am fam Chapter 605, F.S. Or, if this docume that the limited liability company h	iliar with and accept the ent is being filed to merely
		Registered Ag	ent's Signature	_
		Filing Fee: Certified Conv:	\$25.00 \$30.00 (optional)	