

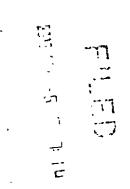
(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	
(De	ocument Number)	
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D. SCOTT DEC 1 2 2013

COVER LETTER

TO:		gistration Se ision of Cor					
CUD	ICCT.		onstruction LLC				
SUB	JECT:		Name of Lim	nited Liability Company			
			Amendment and fee(s) are sub				
			Brad W. Beck	•			
			Outcast Construction LLC	Name of Person		_	
			17799 32nd lane north	Firm/Company		F-7	
			Loxahatchee, Fl 33470	Address		سے قبہ سے م	ī į
			bbeck562@gmail.com	City/State and Zip Code		_	**************************************
For fi	urther i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual reall:	port notification)	_ <u>_</u>	
Brad	W. Be	eck		561 809	-0127		
		Name o	f Person	Area Code	Daytime Telephone Number	<u></u> !Γ	
Enclo	sed is	a check for th	ne following amount:				
≅ \$	25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica (Sed) Certifica	ate 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10-09-2018 Torida document number L18000263107 This amendment is submitted to amend the following:	and assigned
Torida document number L18000263107 This amendment is submitted to amend the following:	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbi	previation "L.L.C."
nter new principal offices address, if applicable:	57
Principal office address MUST BE A STREET ADDRESS)	
	نام الله الله الله الله الله الله الله ال
nter new mailing address, if applicable:	الورب الورب
Mailing address MAY BE A POST OFFICE BOX)	नः' ["]
	Г
. If amending the registered agent and/or registered office address on our records, <u>enter the egistered agent and/or the new registered office address here:</u>	he name of th
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	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
MGR	David Corral	3721 Nyack Lane Greenacres, Fl 33463	
.			Add
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			Change
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		12-4-2018		
Effective date, if other fan effective date is listen Note: If the date insendocument's effective of the date insendocument's effective of the factorial date.	d, the date must be spec rted in this block does	cific and cannot be prior to date o is not meet the applicable stat	f filing or more than 90 days a	ptional) After filing.) Pursuant to 605.02 this date will not be listed
ne record specifie	s a delayed effect ter the record is	tive date, but not an ef filed.	fective time, at 12:0	1 a.m. on the earlier
The 90th day af				
The 90th day af	3.1	re of a member or authorized rep		

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Filing Fee: \$25.00