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### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE OUTROST ON GANDY, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
RAMZY ANDARY Name of Person
THE OUTPOST ON GANDY, LLC
10056 (MNDY BLVD N) Address
SH. Perfers burg Fl 3370Z  CityState and Zip Code  RAMZY. OUT POST Q GMATL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAMZY ANDARY at (737) 253-0272  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee

#### 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 (A Florida)	COMPANY SIT NOW APPEARS ON OUR records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/03/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	red Liability Company," the designation "L1.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	3
		3 7
		5%. 60 m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	5. 5.
B. If amending the registered agent and/or registered agent and/or the new registered office address.		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	Florid	
	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>	Address	Type of Action
<u>Coo</u>	Julia, Andary	10056 GANDY BLVD N	
	,	10056 GANDY BLVD N ST. PETERSOURG FL 337	70Z Remove
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Effecti	ve date, if other than the date of filing: (ontional)
Note:	ve date, if other than the date of filing: (optional) ective 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 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne red The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MARCH 15 . 2015.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00