L1900000 10735

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COVER LETTER

Divi	sion of Corpo	orations			
SUBJECT:	Outdoor Insta	II LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	nendment and fcc(s) are sub	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Paul D Webber			
			Name of Person		
		Outdoor Install LLC			
			Firm/Company		
		P.O. Box 211			
			Address	 -	
		Green Cove Springs, FL 3	2043		
		outdoorinstall@icloud.com	City/State and Zip Code		
		E-mail address: ()	to be used for future annual report	notification)	
For further inf	formation con	cerning this matter, please or	all:		19 19 19
Paul D. Webb	xr		904 907-5566 at()	6	19 APR 11
	Name of Po	erson		rtime Telephone Number	
Enclosed is a c	check for the I	following amount:			of SinTh
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ei	itus &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outdoor Install LLC (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 January 4, 2019 Florida document number L19000006735 This amendment is submitted to amend the following: 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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	Paul D. Webber	P.O. Box 211, Green Cove Springs, FL 32043	∃ Add
			☐ Remove
			Change
			Add
			Remove
			Change
	-		Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi Note:	ve date, if other than the date of filing:
	ord 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 .	April 9
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00