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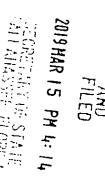
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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3/26/51

COVER LETTER

TO:	Registration Se Division of Cor)	
61113 H3	OUT THE	MUD SERVICES LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JAIDON NAQUIN		2019 MAR 15 PH 4: 14 SECRETARISTE STORES
Na			Name of Person	
		OUT THE MUD SERVIC	ESTLC	
		Firm/Company		
		5120 LANCE ST APT C		175 F
			Address	
	·			
City/State and Zip Code				
		E-mail address; (io be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c	all:	
JAIDOS	N NAQUIN		850 866-7925	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS; ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUT THE MUD SERVICES LLC			
(Name of the Limi	ted Liability Comp a ny (A Florida Limited Lia	r as it <u>now appears on our rec</u> ability Company)	ords.)
The Articles of Organization for this Limited L Florida document number $\frac{1.19000044328}{1.19000044328}$	iability Company w	rere filed on 02/13/2019	and assigned
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	f the limited liabili	ity company here:	701
The new name must be distinguishable and contain the	vords "Limited Liability	Company," the designation "l	J.C" or the abbreviation
Enter new principal offices address, if applie	rable:		THE PLANE
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	JAIDON NAQU	IN	
New Registered Office Address:	5120 LANCE ST		
		Enter Florida street ad	lress
	PARKER		Florida <u>32404</u>
		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 potified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page I of 3

. 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
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		PARKER FL. 32404	
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	ling any other information, enter change(s) here:	, , ,	
			
			
			
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. Effective	date, if other than the date of filing:	(optional)	
Note: If	ive date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applica		
document	i's effective date on the Department of State's records.		
the recor	rd specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the ea	arlier of:
o) The 90	Oth day after the record is filed.	, and a second s	
15		_	
Dated	0	<u>. </u>	
	Jaid Non-	rzed representative of a member	_
	/ /	rzed representative of a member	
	Jaidon	I name of signee	_

Page 3 of 3

Filing Fee: \$25.00