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From: Tremayne Brown Fax: 14045828850	το:	Fax: (850) 617-6383	Page: 6 of 5 11/06/2019 4:38 PM	4
*	, ARTIC	LES OF AMENDMENT	(((H19000327752 3)))	Ļ
	-	то	·	
		ES OF ORGANIZATION OF	FLED	
4		Or ·		
3828 Ironbridge Blvd.,			2018 HOV -6 P 3 37	
		ability Company as it now appears on ou orida Limited Liability Company)		
The Articles of Organization for this	s Limited Liabilit	ty Company were filed on <u>August 8</u>	2019LANASSEE LUNIUA and assigned	
Florida document number 1.1900019	95707	······································		
This amendment is submitted to am		2:		
A. If amending name, <u>enter the n</u>	ew name of the	umited habinty company nere:		
The new name must be distinguishable and	contain the words "	'Limited Liability Company," the designat	on "LI.C" or the abbreviation "L.L.C."	
Enter new principal offices addres	ss, if applicable:	••••••••••••••••••••••••••••••••••••••		
(Principal office address MUST BI	E A STREET AL	DDRESS)		
Enter new mailing address, if app				
(Mailing address MAY BE A POST	<u>I OFFICE BOX</u>	<u> </u>	<u> </u>	
B. If amending the registered registered agent and/or the new re			records, enter the name of the new	<u>*</u>
registeren agent andour the new to	<u>egisteren ontee</u>			
Name of New Registered a	Agent:		<u> </u>	
New Registered Office Ad	idress:			
		Enter Florida stre	et address	
			, Florida	
New Registered Agent's Signature, j	f changing Regist	City	Zip Code	

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

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From: Tremayne Brown Fax: 14045828850 To: Fax: (853) 617-6383 Page: 7 of 8 11/06/2019 4:38 PM (((119000327752 3)))

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

,

•

Title	Name	Address	Type of Action
MGR	Michael Valentine	2904 NE 3rd Avenue	□ ∧dd
		Cape Coral, FL 33909 US	— •
		••	Change
MGR	Greg Valentine	2904 NE 3rd Avenue	Add 🗳
		Cape Coral, FL 33909 US	
	Out There Valdings 11C	2904 NE 3rd Avenue	Change
MGR	Out There Holdings, LLC	2904 IND 510 Avenue	□ ∧dd
		Cape Coral, FL 33909 US	Remove
			Change
_ ,,			Add
		<u> </u>	C Remove
			Change
			Add
			Remove
			Change
			DAdd
			Remove
			Change
	Page 2 o	ıf 3	(((H190003277523)))

n: Tremayne Brown	Fax: 14045828850	To:	Fax: (853) 617 6383	Page: 8 of 8 11/06/2019 (((H19000327752 3)))	4:38
D. If amending	gany other informat	ion, enter chang	e(s) here: (Attach additional sheets,	if necessary.)	
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E. Effective da (If an effective of	te, if other than the elate is listed, the date must	date of filing:	ot be prior to date of filing or more than 90 da	(optional) ays after filing.) Pursuant to 605.0207	7 (3)(t
Note: If the	date inserted in this blo	ock does not meet to partment of State'.	the applicable statutory filing requireme	nts, this date will not be listed as	the

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

November 5 2019 li s Signature of a member or authorized representative of a member

Carolyn C. Pierce, Authorized Representative

Typed or printed name of signee

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Filing Fee: S25.00