L20000 104053

| (Re | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (Ad | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nar | me) |
| (De | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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S. YOUNG

COVER LETTER

| TO: Registration Se Division of Cor | ction porations | | |
|--|--|---|---|
| Far Out Clo | othing LLC | : | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fec(s) are sub | emitted for filing | |
| | ndence concerning this matter | - | |
| | Shelby Leobold | | |
| | | Name of Person | |
| | Far Out Clothing LLC | | |
| | | Firm/Company | * ** |
| | 8106 N River Shore DR | | |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | Tampa, Fl, 33604 | | |
| | | City/State and Zip Code | |
| | sleobold@gmail.com | to be used for future annual report noti- | fication) |
| For further information c | oncerning this matter, please c | • | Teadon) |
| Shelby Leobold | , | 727 <i>7</i> 73-5775 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30,00 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) |
| Mailing Address | | Street Address: | ation |
| Registration S Division of C | | Registration Sec Division of Cor | |
| P.O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Far Out Clothing LLC | | |
|--|--|--|
| (Name of the Limited Liability Comp | pany as it now appears on our records.) I Liability Company) | 283 |
| (A Florida Lithlice | (Clabinty Company) | |
| The Articles of Organization for this Limited Liability Compan | v were filed on April, 15th 2020 | and assigned |
| | v were fried on | and assigned |
| Florida document number 1.20000104053 | | *P(J=1) 4 8 8 |
| | | 1188 王 |
| This amendment is submitted to amend the following: | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| A. If amending name, enter the new name of the limited lia | hility company here: | ्रिं च |
| to it amending name, <u>enter the new name of the inflicts na</u> | billy company here. | • • |
| | | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| • | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Production of the control of the con | | |
| 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 th | so name of the new registers |
| agent and/or the new registered office address here: | address on our records, enter th | ie name or the new registere |
| | | |
| | | |
| Name of New Registered Agent: | | |
| N. D. CA. LOW, ALL | | |
| New Registered Office Address: | Enter Florida street address | |
| | taner i writed angel (Maress | |
| | , Flori | |
| | 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 |
|--------------|------------------|--------------------------------------|----------------|
| AMBR | Shelby M Leobold | 8106 N River Shore DR Tampa Fl 33604 | ∃ Add |
| | | | □Remove |
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| Effective date, if other than the d f an effective date is listed, the date must be Note: If the date inserted in this bloe document's effective date on the Dep | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ck does not meet the applicable statutory filing requirements, this date will not be listed a |
| e record specifies a delayed of the 90th day after the recor | effective date, but not an effective time, at 12:01 a.m. on the earlier or is filed. |
| | |
| Dated July 30th | 2020 |
| Dated July 30th | 2020 |
| Dated July 30th | 2020 January Cof a member or authorized representative of a member |

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