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## **COVER LETTER**

s,

TO: **Registration Section Division of Corporations** 

WYLD OUTDOORS, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN A. BROWN

Name of Person

INDRIO BRANDS, LLC

Firm/Company

Address

1650 90TH AVE

VERO BEACH / FL 34986

City/State and Zip Code

ABROWN@INDRIO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BENJAMIN A BROWN** 226-3604 772 at ( Name of Person Daytime Telephone Number Area Code

Enclosed is a check for the 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: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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2022 FEB 18 AM 8: 17

SECRETARY OF STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2022

BENJAMIN A. BROWN INDRIO BRANDS, LLC 1650 90TH AVE VERO BEACH, FL 34986

SUBJECT: WYLD OUTDOORS LLC Ref. Number: L20000111940

We have received your document for WYLD OUTDOORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application not just the pages you are making changing on. You are missing the last 3 pages of the actual application.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 822A00001413

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF FEED
WYLD OUTDOORS, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Piorida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on APRIL 24, 2020 and assigned
Florida document number L20000111940
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
WYLDR, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
			🗆 Add
			🗆 Add
			□Change
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			□Change
			🗆 Add
			🗆 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Delle 2021 Dated 1

Signature of a member or authorized representative of a member

BENJAMIN A. BROWN

Typed or printed name of signee