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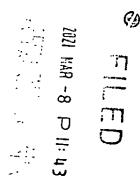
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: <u>O</u> Q	TSKirts Boat Name of Lim	Works LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	_John_Sh	Name of Person		
	Outskirts	Book Works (<u>'</u>	
		70 th (a) Address		
	Bronson,	City/State and Zip Code Sot 4 10 to be used for future annual report notification.	52	Q.
	Cutskirtsk E-mail address: (to be used for future annual report notifi	Commication) HAR	
For further information e	oncerning this matter, please c		AR -8	II II
Tiffany St	reffield	at (<u>35-8</u>) <u>756 -</u>	2770 T	ח כ
name o	i rerson	at (<u>35 &</u>) <u>256 -</u> Area Code Daytime	re reiepnone Number	ر
Enclosed is a check for the			•	
☐ \$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) ▼ The control of the contr	
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outskirts Boat (Name of the Limited Liability Comp.)	any as it now appears on our records.)
`	Liability Company)
The Articles of Organization for this Limited Liability Company	by were filed on 40130,2020 and assigned
Florida document number <u>L2000011749/</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	
P. If a manding the registered agent and/or registered office	e address on our records, enter the name of the new registered
agent and/or the new registered office address here:	דו ס י
Name of New Registered Agent:	`
New Registered Office Address:	Enter Florida street address
	Florido
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	at:

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 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 Title **Address** Type of Action AMBR Morgan Sheffield 10271 NE 70th (10 Bronson PL 38 Forder _____ □Remove AMBR Jason Rangli II 10771 Nr. 7016 W Brows on R 37671 1011dd AMBR Tiffany Sheffield 10071 NX 7046 LN Brown FESTE Bodd Remove J ___ Chainge □Add □Remove ☐ Change _____ 🗆 🗖 Add _____ Change Remove

_____ Change

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ffective date, if other than the date of filing: March 5 20	2 (or	tional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing of the late inserted in this block does not meet the applicable statutory f	or more than 90 days a		
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.	m, on the earlier of:	(b) The 90	th day after the
d is filed.			
ated February 27 . 2021.			
	•		

Filing Fee: \$25.00