120000206541

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		•
Garrett Coo	ok Design, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Garrett Cook		
		Name of Person	
	Garrett Cook Design, LLC		
	-	Firm/Company	
	5972 County Road 209 S		
		Address	
	Green Cove Springs, FL 3:	2043	
		City/State and Zip Code	
	garrettaddisoncook@gmail.		
For further information c	enail address: (to be used for future annual report noti	fication)
Garrett Cook		904 716-7718	
Name o	f Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check for th	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 Addres		Street Address:	
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garrett Cook Design, LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on July 16, 2020	and assigned
Florida document number L20000206541		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Campout Brand, 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	<u> </u>	
Enter new mailing address, if applicable:		2022
(Mailing address MAY BE A POST OFFICE BOX)	-	
		7 <u>1</u>
B. If amending the registered agent and/or registered off	ice address on our records, enter the	name of the new registere
agent and/or the new registered office address here:		12 i
		⁷ 0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1,
		a
	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 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
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
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			□Add
			Remove
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			□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date motore: If the date inserted in this locument's effective date on the locument	block does not meet the ant	olicable statutory filir	(optiona nore than 90 days after filing ag requirements, this da	al) ng.) Pursuant to 605.020° te will not be listed as
record specifies a delayed effecti is filed.	ive date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
January 6	2022			
nted "				
ated				
ated	Signature of a member or a	athorized representative	of a member	

Filing Fee: \$25.00