

L20000244870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

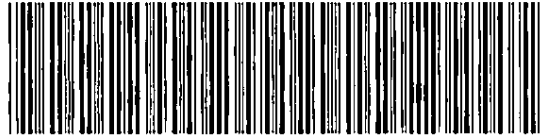
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RECEIVED

SEP -1 PM 2:16

SEP -1 PM 12:54

C. GOLDEN

SEP -2 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 407200 8318307

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : August 31, 2020

ORDER TIME : 11:51 AM

ORDER NO. : 407200-005

CUSTOMER NO: 8318307

DOMESTIC AMENDMENT FILING

NAME: OUTSHINEKUSTOMDESIGNS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outshine Custom Designs, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra Green
Name of Person

Firm/Company

623 Anderson Cir. Apt 109
Address

Deerfield Beach, FL 33441
City, State and Zip Code

OutshineCustomDesigns@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra Green at (954) 818-9121
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED - PY 12: 54

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document

FIRST: The name of the limited liability company is: Outshine Kustom Designs, LLC

SECOND: The Florida Document number of the limited liability company is: 628888244878

THIRD: Document to be corrected is: effective date change 08/28/20 new date
not 11/1/20

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

effective date was posted as 11/01/2020 and I would
like that to be changed to 08/28/2020.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

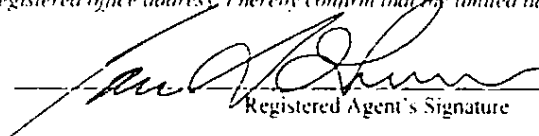

Signature of Authorized Representative

08/28/2020
Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.


Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)