# 120000255382

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	CRCP Name of Limit	LLC and Liability Company	· 
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Christic	an Purdin	
	CRC	Name of Person  L  Firm/Company	
	2294	Gold Dust	Or.
	Minneola	FL 34715  City/State and Zip Code  tal @ 9mail.com  o be used for future annual report noti	
	Purdincapi E-mail address! (10	tal @gmail.com o be used for buture annual report noti	fication)
For further information c	oncerning this matter, please ca	11:	
Christian	Purdin	at ( <u>191</u> )	4806
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES	OF ORGANIZATION SOCOTOR
CRCP	LLC 470 19 3.43
(Name of the Limited Liability (A Florida I	imited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on 8 19 2020 and assigned
Florida document number <u>L20000255382</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Outline Capital Group	110
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
maning waters may be a rost of tree bony	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zin 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:

or remove	d from our records:
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Pamova

ffootivo	date, if other than the date of filing:
an effecti <u>ote:</u> If t	date, if other than the date of filing:
record spiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	10/02 2023
	Signature of a member or authorized representative of a member
	Christian Pushing  Typed or printed name of signee