K20000 285548

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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December 28, 2021

CALVIN GRAY 10828 NW 83RD CT. PARKLAND, FL 33076

SUBJECT: STRUXURE OUTDOOR OF MIAMI, LLC

Ref. Number: L20000285548

We have received your document for STRUXURE OUTDOOR OF MIAMI, 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):

The registered agent must sign accepting the designation.

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

Letter Number: 221A00031166

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

DO DOY COOK William Planta 299

COVER LETTER

TO:

Registration Section

| Division of Cor | | | |
|-----------------------------|---|---|--|
| STRUXUR SUBJECT: | E OUTDOOR OF MIAMI, LI Name of Lim | .(| |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | | | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Calvin Gray | | |
| | _ | Name of Person | |
| | Outdoor Living Alliance | | |
| | | Firm/Company | |
| | 10828 NW 83rd Ct. | | |
| | | Address | |
| | Parkland, Florida 33076 | | |
| | | City/State and Zip Code | |
| | ti mili a litara at | to be used for future annual report no | 41 (Love Love |
| For further information o | oncerning this matter, please c | | antication) |
| | oncerning this matter, piease e | | |
| Calvin Gray | | 941 321-9707 at () | |
| Name o | f Person | at () Area Code Dayti | me Telephone Number |
| Carlos d'an about for e | a Sollowing amount | | |
| 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) |
| | | | |
| Mailing Addres | <u>s:</u> | Street Address: | |
| Registration S | Section | Registration S | |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | |
| Tallahassee, l | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited (A | | iny as it now appears on our re Liability Company) | ecords.) | |
|---|-------------------|---|-----------------------|-----------------|
| The Articles of Organization for this Limited Liab Florida document number $\frac{L2000285548}{L}$ | oility Company | were filed on September 1- | s. 2020 a | and assigned |
| This amendment is submitted to amend the follow | ring: | | | |
| A. If amending name, enter the new name of the | he limited liab | ility company here: | | |
| OUTDOOR LIVING ALLIANCE, LLC | | | | |
| The new name must be distinguishable and contain the word | ds "Limited Liabi | lity Company," the designation | "LLC" or the abbrevia | tion "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) | | 10428 W. State Road 84 | | _ |
| | | Suite #6 | | |
| | | Davie, FL 33324 | - | |
| | | 10428 W. State Road 84 Suite #6 | - n | |
| | | Davie, FL 33324 | | |
| 3. If amending the registered agent and/or registered office address Name of New Registered Agent: | | address on our records, <u>er</u> | nter the name of t | he new registe |
| New Registered Office Address: | 10428 W. State | Road 84, Suite #6 | | N.O. B. |
| | | Enter Florida street ac | ldress | نۍ بې |
| | Davie | | , Florida 33324 | 3: 18 : STAT |
| | - | City | Zij | n 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, <u>Signuture of New Registered Agent</u>

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 |
|--------------|----------------------|----------------------------------|-----------------|
| MGR | Al Villamil | 1501 Robie Ave. | ■Add |
| | | Mt. Dora, FL 32757 | □Remove |
| | | | □ Change |
| MGR | Dale Desjardins, Jr. | 10428 W. State Road 84, Suite #6 | ■ Add |
| | | Davie, FL 33324 | □Remove |
| | | | □Change |
| MGR | John Wohlford | 317 Farmington Dr. | = Add |
| | | Plantation, FL 33317 | □Remove |
| | | | □Change |
| MGR | Calvin Gray | 10428 W. State Road 84, Suite #6 | |
| | | Davie, FL 33324 | □Remove |
| | | | |
| MGR | Aileen Gray | 10828 NW 83rd Ct. | |
| | | Parkland, FL 33076 | ■ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

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| . Effective date, if other than the (If an effective date is listed, the date may Note: If the date inserted in this bedocument's effective date on the I | ust be specific and cannot be pro- block does not meet the appl | or to date of filing or more licable statutory filing r | rinan 90 days aner hing.) Pursuanc | to 605.0207 (3)(be listed as the |
| the record specifies a delayed effecti cord is filed. | ive date, but not an effective | time, at 12:01 a.m. on | the earlier of: (b) The 90th day | y after the |
| Dated December 3 | 2021 | | | |
| | $\overline{\Omega}$ | 5/21/ | | |
| | Cong | | | |
| - | Signature of a member or aut | thorized representative of | a member | |

Filing Fee: \$25.00