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COVER LETTER

TO:

TO: Registration Sec Division of Corp					
SUBJECT: OUTDO	DORS LIMITED, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	JACK G. WILLIAMS				
		Name of Person			
	JACK G. WILLIAMS	S, ATTORNEY AT LAW			
		Firm/Company			
	POST OFFICE BOX	2176			
		Address	Ø.	20	
	PANAMA CITY, FL	32402	13CR	20 DE	T
		City/State and Zip Code	2.5		
	mickie.williamsp	-		:	
	E-mail address: (to be used for future annual report notif	ication) Sign	-P = 1	-
For further information co	neerning this matter, please of	all:	E.S.	2020 DEC 21 PM 4: 12	
JACK G. WILLIAMS		at (850) 763-536	8	, 10	
Name of	Person		Telephone Number		
Enclosed is a check for the	e following amount:				
1⊠ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact (additional contact)	of Status &	
Mailing Address		Street Address: Registration Sec	etion		
Registration S Division of Co		Division of Cor			
P.O. Box 6327	•	The Centre of T			
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUTDOORS LIMITED, (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER' 23, 2020 and assigned Florida document number <u>L20000337320</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PREMIUM SHADE SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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
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e: If the date inserted	in this block does not me	et the applicable st	autory filing require	ments, this date w	/ill not be listed a
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Filing Fee: \$25.00