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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Selivision of Col					
eun ieca		BERED INVESTMENTS, LLC	2			
SUBJECT	l;	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		Stephen Elson				
			Name of Person			
		Outnumbered Investments	LLC			
			Firm/Company			
		7260 SW 116 St				
Address						
		Miami, FL 33156				
		selson65@gmail.com	City/State and Zip Code			
			to be used for future annual report no	tification)		
For further	information c	concerning this matter, please co	ill:			
Stephen E	lson		305 968-7522 at ()			
	Name o	of Person	Area Code Dayti	me Telephone Number		
Enclosed i	s a check for t	he following amount:				
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	lailing Addres		Street Address:	ection		
	legistration (Division of C	Section Corporations	Registration Section Division of Corporations			
	.O. Box 632	•	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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OUTNUMBERED INVESTMENTS, LLC

(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 Florida document number <u>L21000014660</u>	y were filed on January 4, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered
Name Descriptional Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	3
	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		in the state of th			
<u>Title</u>	Name	Address	2021 FEB _ 1	PM 5: 34	Type of Action
AMBR	Ann Marie Elson	7260 SW 116 St	, Miami FL 33156	.s.,	= Add
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والمراجع والمراجع والمراجع والمراجع	January 28, 2021
ective date, if other than the date of fil	ling: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed a
ument's effective date on the Department of	of State's records.
cord specifies a delayed effective date, but i	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
January 28 ed	2021
	- A Phi
Signature of	of a member or authorized representative of a member

Filing Fee: \$25.00