L21000173416

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: RI	VM ENTERS	PRISES LLC ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eric	Rimmer Name of Person	
	RIYM E	NTERPLISES, Firm/Company	LLC E
	521 Sev	len Oaks St.	
	Mulberr	City/State and Zip Code	O PH 2: 1
	E-mail address: (to be used for future annual report notifi	Cation)
For further information co	oncerning this matter, please c	all:	
Evic Riv	YMEX Person	at (803) UHD - Area Code Daytime	- 2860 Telephone Number
Enclosed is a check for th	e following amount:		
\$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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100017341</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab OFFSHORE OUTLET The new name must be distinguishable and contain the words "Limited Liabi	LLC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	521 Seven Daks St. Mulberry, Fl 338500	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as Above	
muning dutress MAT BE ATOST OF FICE BOX		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
_ 	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

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