

L21000232097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

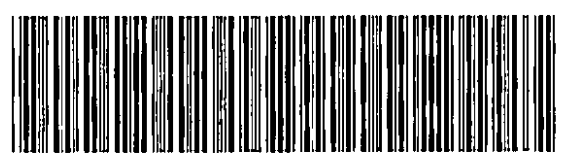
(Business Entity Name)

(Document Number)

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2021 JUL - 1 PM 2:32

FILED

Albritton
CHS

JUL 09 2021
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OUIOUTDOORSUNLIMITED LIMITED LIABILITY COMPANY

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Grady

Name of Person

OUI Outdoors LLC

Firm/Company

6320 Arbury Ct

Address

Gulf Breeze FL 32563

City/State and Zip Code

Jeff@flemingsales.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Grady

630

561-9002

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL -1 PM 1:48

RECEIVED
TALLAHASSEE, FL

June 23, 2021

JEFF GRADY
FLEMING SALES CO
6320 ARBURY CT
GULF BREEZE, FL 32563

SUBJECT: OUIOUTDOORSUNLIMITED LIMITED LIABILITY COMPANY
Ref. Number: L21000232097

OUIOUTDOORS UNLIMITED LLC
We have received your document for OUIOUTDOORSUNLIMITED LIMITED LIABILITY COMPANY and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00014328



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 21 PM 1:13

June 12, 2021

JEFF GRADY
FLEMING SALES CO
6320 ARBURY CT
GULF BREEZE, FL 32563

L L C.

SUBJECT: OUIOUTDOORSUNLIMITED LIMITED LIABILITY COMPANY
Ref. Number: L21000232097

We have received your document for OUIOUTDOORSUNLIMITED LIMITED LIABILITY COMPANY and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 521A00013064

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

OUIOUTDOORSUNLIMITED LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 JUL - 1 PM 2:32

The Articles of Organization for this Limited Liability Company were filed on May 17 2021 and assigned
Florida document number L21000232097

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OUI OUTDOORS UNLIMITED LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6320 Arbury CT

(Principal office address MUST BE A STREET ADDRESS)

Gulf Breeze FL 32563

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 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 Changing Registered Agent, Signature of New Registered Agent

If ~~an~~ **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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Jeff Grady

Typed or printed name of signee

Filing Fee: \$25.00