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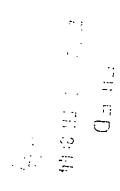
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7/8/21



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ROYCE G. BROOKS, JR		
		Name of Person	
	R&B OUTDOOR SERVI	CES	
		Firm/Company	
	5185 ELLIS ROAD		
		Address	
	BAKER, FL 32531		
		City/State and Zip Code	
	850ROYCE.BROOKS@GI		
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
ROYCE G. BROOKS, J	₹	850 612-4858	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on ou Limited Liability Company)	r records <u>.</u>)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L^{21000239038}}{L^{21000239038}}$	ompany were filed on MAY 24, 	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Francisco de la constitución de		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · 	Enter Florida stre	et address
		Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

D & D OUTDOOD SERVICES THE

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
AMBR	TIMOTHY R. LEHNEIS	6845 GILLEY ROAD LAUREL HILL, FL 32567	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Ädd
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			□Change

feetive date, if other than the date of filing: (optional) (opti		<u> </u>			
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