## 121000352891

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

Div	rision of Cou	rporations	* *	
SUBJECT:	STRIP SE	TOUTFITTERS LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
		<del></del>	Address	
		Glendale, CA 91203		
		<del></del>	City/State and Zip Code	
		nicholas.perez2014@gmail		
		E-mail address: (	to be used for future annual report notifi-	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Cheyenne M	1oseley		at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	e check for the	ne following amount:		
□ \$25.00 F	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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

STRIP SET OUTFITTERS LLC

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 08/05/2021	_ and assigned
Florida document number L21000352891		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
On'em Inshore LLC		
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the abbr	eviation "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)		· <del></del>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ne 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	<del> </del>
		1.
	, Florida	Zip Code 155
New Registered Agent's Signature, if changing Registered Agent:		ોંગ
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am far covided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

).' If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
~	
Note: If the	ate, if other than the date of filing: 9/13/2021 (optional) 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) to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	9[13]  Signature of a member or authorized representative of a member
,	Nicholas Robert Perez
_	Typed or printed name of signee

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Filing Fee: \$25.00