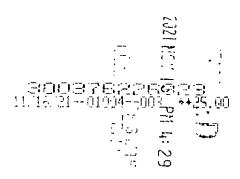
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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GALLAHASSEE, FLORIDA

MECENTED.

A. BUTLER NOV 1 5 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ry OUTLET 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:	
SONTA DEMETRO Name of Person	
RV OUTLET Firm/Company	
3001 PACE S+ C Address	
ORLANIDO FI, 38810 City/State and Zip Code	
RVOUTICE ORLAND OF GMAIN COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SONTA . DeMe+RO at (407) 961 - 8950 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Sacretificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Sacretified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Lunited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10|29|2021}{2021}$ and assigned Florida document number $\frac{12|000470278}{2021}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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 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 __

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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	SONJA DEMETRO	4533 W. IRLO BROWSON	ZAdd
		Memorial HWY	□Remove
		Kissinnee F1, 34746	Change
			□Add
			□Remove
			□ Change
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is filed.	delayed effective da					The 90th day after th
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Filing Fee: \$25.00