## 121000475059

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04/28/23 01130-039 \*\*25.09



R. HUNT

04/28/21



### \*\*\*IMPORTANT NOTICE\*\*\*



# PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

**Division of Corporations** 

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, April 21, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: MATTHEWS SCRUBS, LLC

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

### Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department

#### **COVER LETTER**

TO:				
SUBJI	ect: Matthe	EWS SCRUBS, LLC		
		Name of Lin	nited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
		<u> </u>	Name of Person	
		Proc	essing Department	
	BJECT: MATTHEWS SCRUBS, LLC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filling.  asse return all correspondence concerning this matter to the following:  Corporate Maintenance Lead			
			1450 Vassar St	
			Address	<del></del>
			Reno. NV 89502	
		<del></del>		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please of	all.	
	Process	ing Department	at ( 800 ) 638-2320	
	Name o	f Person	Area Code Daytimo	Participation Programmer Programm
Enclos	ed is a check for th	ne following amount:		
<b>⊡</b> \$2	5.00 Filmg Fee	_	Certified Copy	Certificate of Status & Certified Copy

#### MAILING ADDRESS:

(x,y) = (x,y) = (x,y)

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

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

MATTHEW:	S SCRUBS, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re- ited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 11/02/21		and assigned
Florida document number L21000475059			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
VERIFIED O	UTDOORS, LLC		
The new name must be distinguishable and contain the words "Limited I.	aability Company," the designation "	LLC" or the abbri	rviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			~-,3
Enter new mailing address, if applicable:			الم الم
Mailing address MAY BE A POST OFFICE BON)		17*17: 	- 124 - 125 - 125
		_ 35	28
		- 55 - 55 - 61 - 61	₹ 177
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our reco	ords. entureth	e name on the
egistered agent and/or the new registered office address	<u>nere</u> ;		: 54
Name of New Registered Agent:		·	<del></del>
Name of the winegistered Agon.			
New Registered Office Address:		<del></del>	
	Enter Florida street ad	dress	
		, 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 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	ANDREW STACK	2509 Cozumel Drive	
		Татра	Remove
		FL 33618	Change
			Remove
			□ Change
			<b>_</b>
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
<u> </u>			Add
			□ Remove
			☐ Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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iii an eil: <u>Note:</u>	ve date, if other than the date of filing:  N/A  (optional)  retive 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 (.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	April 21st 2023
	Signature of a member or authorized representative of a member
	Matthew Mainzer
	Typed or printed name of stence