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## COVER LETTER

TO: Registration Se Division of Cor				
	RS CUSTOMS & DESIGN LL	С		
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	•		
	RUTH E MARTE			
		Name of Person		
	CAPITAL TAX & FILING	SOLUTIONS LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		185 187 2762
	375 N STATE RD 434 ST	E 2207		SECRETARY
		Address		7558 7557 10
	ALTAMONTE SPRINGS	, FL 32714		
		City/State and Zip Code		
	CAPITALTAX1610@GMA			ijan i
		to be used for future annual report n	otification)	
For further information c	oncerning this matter, please e	all:		
RUTH E MARTE		863 899-9894 at ()		
Name o	of Person		ime Telephone Number	•
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fe Certificate of St Certified Copy (additional copy is e	atus &
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ÁRTIČLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUTDOORS CUSTOMS & DESING LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on 04/19/2022	and assigned
Florida document number 122000186472		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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		, <u>, , , , , , , , , , , , , , , , , , </u>
		222
Enter new mailing address, if applicable:		SA   00   1   1   1   1   1   1   1   1
Mailing address MAY BE A POST OFFICE BOX)		2 2 M
		_ (c)
	·	9 V
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	the name of the new registere
N. C.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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
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Filing Fee: \$25.00