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## **COVER LETTER**

Tallahassee, FL 32314

	istration Se sion of Cor			
	OUTSIDE	R PRODUCTIONS LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JENNIFER BRIGGS		
			Name of Person	
		OUTSIDER PRODUCTIO	NS LLC	
		<u></u>	Firm/Company	
		978 DRIFTWOOD POINT	RD	
			Address	
		SANTA ROSA BEACH, F	TL 32459	
			City/State and Zip Code	
		INFO@COSMICVIBRATI		
For further in	formation c	oncerning this matter, please ca	to be used for future annual report i	notification)
JENNIFER B		ones, in grand of	850 714-7368	3
	Name o	f Person	at () Area Code Day	time Telephone Number
~		he following amount:		
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maii	ling Addres	···	Street Address	
Mailing Address: Registration Section		Registration		
		Corporations	Division of C	
P.O. Box 6327		The Centre of Tallahassee		

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUTSIDER PRODUCTIONS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/16/2022	and assigned
Florida document number L22000226981		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flor	ida
	City	Zin 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
MGR	HUFFER, COLE	244 GREENBRIER DR NE	□Add
		FT WALTON BEACH, FL 3254	≣Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		- <del></del>	□ Remove
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	PLEASE REMOVE COLE HUFF	ER AS MANAGER			<del></del>
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(lf an e <u>Note</u>	etive date, if other than the date of effective date is listed, the date must be seen at the date inserted in this block dement's effective date on the Department.	pecific and cannot be prior to loes not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuant to 60 rements, this date will not be lis	)5.0207 (3)(b sted as the
If the record is t	ord specifies a delayed effective date filed.	e, but not an effective tin	ne, at 12:01 a.m. on the c	arlier of: (b) The 90th day aft	er the
Dated	8/18	2022			
Dute		- Omal	1 /200	7	

Typed or printed name of signee