# L22000486628

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

Eldora Out				
SUBJECT:	Name of Limited Liability Com	ipany	<del>.</del>	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	ndence concerning this matter to the following:	:		
	Cabot I. Jaffee III			
	Name of Po	erson		
	Eldora Outdoors LLC			
	Firm/Com	pany	<del></del>	
	111 Talmeda Trail		(2)	~3
	Addres	s		1022 h
	Maitland, Fl. 32751		1-151 E:57	2022 HOY 21   FX II + 2
	City/State and Z	Zip Code	7.5	_
	cljaffee@gmail.com  I:-mail address: (to be used for futu			<u> </u>
For further information c	oncerning this matter, please call:	re annual report notification	m)	1: 29
Mona	at (at (	Code Doutine Tale	ephone Number	
:Name o	reison Aca C	Jode Baytime Tele	phone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filed Certificate of Status Certified (additional)	•	□ \$60,00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Manuas Street Cuita 910

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

Eldora Outdoors, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/14/2022	and assigned
Florida document number L22000486628		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
		022 HOV BECRES
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>। ।                                   </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	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 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	<u>Address</u>	Type of Action
MGR	John Krall	151 North Cory Drive, Edgewater, FL, 32141	<b>=</b> Add
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior te:  If the date inserted in this block does not meet the applications.	to date of filing or more than 90 days after filing.) Purs	
ument's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective tit	me, at 12:01 a.m. on the earlier of: (b) The 90t	h dav after ti
filed.		<b></b> ,
November 18 2022		
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and my	14	