

FILED
L23000051847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

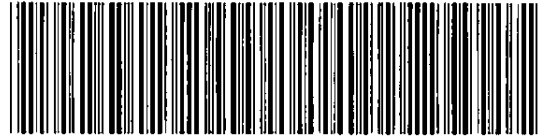
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100413512961

08/10/23--01010--003 **25.00

FILED
2023 AUG 10 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Vlt

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lifestyle Outdoors, LLC
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:

Nicole Marques
Name of Person

Lifestyle Outdoors, LLC
Firm/Company

270 S. 4th Street
Address

Lake Mary, FL 32746
City/State and Zip Code

nicksilva2000@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Marques at (321) 287 1953
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & 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**

Lifestyle Outdoors, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/27/2023 and assigned Florida document number L2000051847.

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)

270 S. 1th Street

Lake Mary, FL 32716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

270 S. 1th Street

Lake Mary, FL 32716

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:

270 S. 1th Street

Enter Florida street address

Lake Mary

City

, Florida

Zip Code

32716

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|-------------------------------------|--|
| <u>AMBR</u> | <u>Nicole Marques</u> | <u>270 S. 1st Street</u> | <input type="checkbox"/> Add |
| | | <u>Lake Mary, FL 32746</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input checked="" type="checkbox"/> Change |
| <u>AMBR</u> | <u>Alexandre Marques</u> | <u>270 S. 1st Street</u> | <input type="checkbox"/> Add |
| | | <u>Lake Mary, FL 32746</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input checked="" type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- Only updates are being made to addresses below:
- New Principal Address: 270 S. 1st St. Lake Mary, FL 32746.
- New Mailing Address: 270 S. 1st St. Lake Mary, FL 32746.
- New Registered Agent Address: 270 S. 1st St. Lake Mary, FL 32746
- AMBR, Alexandre Marques Address: 270 S. 1st St. Lake Mary, FL 32746
- AMBR, Nicole Marques Address: 270 S. 1st St. Lake Mary, FL 32746
- No changes to authorized persons names, only address changed for all authorized persons.

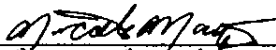
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 7th, 2023



Signature of a member or authorized representative of a member

Nicole Marques

Typed or printed name of signer

2023 AUG 10 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED