# L23000065948

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
P MAIL MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:





700407384307

99/91/20 -0108/ -E/ \*\*\* 1.11

2025 27 - 21 - 63 - 63 - 63

S. RCT L. TO AUG 2 8 2023



June 19, 2023

WENDY HINDS 3592 RED CLOUD TRL ST. AUGUSTINE, FL 32086 US

SUBJECT: EARTH KINSHIP OUTFITTERS LLC

Ref. Number: L23000065948

We have received your document for EARTH KINSHIP OUTFITTERS LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you have submitted is for amending a limited partnership, but your entity is an LLC. Please provide the proper form to amend an LLC. Also, make sure to include the document number on the application.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

AUG Z 1 2023

Letter Number: 923A00013834

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: EARTH KINLLIP OU	THITTERS LLC -
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
WENDY H	Name of Person
EARTH KINSH	Firm/Company
3592 RED C	Address
St. Augusti	NE, FL 32086 City/State and Zip Code
HEUOD EART E-mail address: (1	HEINSHIPOUTFITTERS. COM o be used for future annual report notification)
For further information concerning this matter, please ca	di:
WENDY HINDS  Name of Person	at (904) 347-1847  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status  4 27 23  SEE PRIOR  Mailing Address:	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Maining Address.	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	2115 11. Infom 50 Bullot, Salto 515

Tallahassee, FL 32303

# 8/17/23

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EARTH KINSHIP O	VTFITTELS LLC V Company as it now appears on our Lunited Liability Company)	records.)
(А гюпда	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on	and assigned
Florida document number L 230000 65948	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_N/A	
Principal office address MUST BE A STREET ADDR	<u>-</u>	
		262
Enter new mailing address, if applicable:	NA	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>+ 0.5</u>
		~~ <u>~</u>
		<u>න</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	nddress
		_, 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>	Name	Address	Type of Action
MGR	Wendy Hinds	3592 REDCIOUS TRL	
		ST. AUGUSTINE, FL 320	26 Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
<del></del>			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	A/A			<del></del>	<u> </u>		
	,						
		<u>.</u>			<del></del>		
<del></del>				·			<del></del> -
			-		_		
			<u> </u>				··-
<del></del>	<del></del>	<del> , ,</del>		<del></del>			
<del> </del>						· .	
	<del> </del>			<del></del>	<del> </del>		
	<del> </del>		<del></del>			· · · · · · · · · · · · · · · · · ·	
		<del>-</del>					<del></del>
				<del>_</del> -			
						<del></del>	
	<del></del>				<del></del>	<del></del>	
Note: If the da	, if other than the e is listed, the date mus te inserted in this blo ective date on the De	t be specific an ock does not	nd cannot be pric meet the appl	or to date of filing icable statutory	or more than 90	(optional) days after filing.) ents, this date	Pursuant to 605.020 will not be listed as
the record specific ord is filed.	es a delayed effective	e date, but no	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after the
Dated Au	9 17 40	(	, 200	3 1			
			. / /-	-			
		a		4			
_	<u></u>	Signature of a	member or aut	horizot represen	lative of a melina	51.	