## L23000092964

| (Ře  | equestor's Name)   |                                       |
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| (Ad  | ldress)            |                                       |
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| (Cit                                       | ty/State/Zip/Phone | e #)                                  |
| PICK-UP                                    | ☐ WAIT             | MAIL                                  |
| (Bu  | usiness Entity Nam | ne)                                   |
| (Do  | ocument Number)    |                                       |
| Certified Copies                           | _ Certificates     | of Status                             |
| Special Instructions to                    | Filing Officer:    |                                       |
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Office Use Only



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S. FROM LM JUN - 0 2033

## **COVER LETTER**

| TO:     | Registration Sec<br>Division of Corp |  | •   |  |
|---------|--------------------------------------|--|---|--|
| SUBJE   | cct: <u>St</u> )                     | aight Outa                                 | FIOVIDCI . LL<br>ited Liability Company                             | <u> </u>   |
| The en  | closed Articles of A                 | mendment and fee(s) are sub                | mitted for filing.  |  |
| Please  | return all correspon                 | dence concerning this matter               | to the following:   |  |
|         |                                      | Rhet                                       | + Sheltra<br>Name of Person   |  |
|         |                                      | straight                                   | - OUTA FLORIDA  | a, LLC   |
|         |                                      | 6005                                       | 49th Street Address   | · · · · · · · · · · · · · · · · · · ·  |
|         |                                      |  | Ch, FL 3296 City/State and Zip Code                                 |  |
|         |                                      | E-mail address: (                          | atee @ gmail.co   | iffication)  |
| For fur | ther information co                  | ncerning this matter, please ca            | all:  |  |
|         | Rhett Sk<br>Name of                  | Person                                     | at (772) 696<br>Area Code Daytin                                    | ne Telephone Number  |
| Enclose | ed is a check for the                | following amount:                          | 129   |  |
| □ \$2.  | 5.00 Filing Fee                      | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$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

| Straight Outa<br>(Name of the Limited Liability Compan<br>(A Florida Limited Li   | FIDY I       | ears on our records.)  | <del></del>               |
|---|--------------|------------------------|---------------------------|
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L23000929 w4</u> .  | •            | •                      | and assigned              |
| This amendment is submitted to amend the following:   |              |                        |                           |
| A. If amending name, enter the new name of the limited liabil  Straight Outland Florida,  The new name must be distinguishable and contain the words "Limited Liability".                       |              |                        | e abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  | WOUS<br>Vero | 49th Str<br>Blach, F   | 1. 3图67                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | nla          |                        | 20 PH 6-5                 |
| B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:  | ddress on ou | r records, enter the n | ame of the new registered |
| Name of New Registered Agent:   |              |                        |                           |
| New Registered Office Address:  |              | Florida street address |                           |
|   | City         | , Florida              | N/G<br>Zip Code           |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p |              |                        |                           |

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 17/9                             | Address     | Type of Action |
|--------------|---------------------------------------|-------------|----------------|
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|                   | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                      |
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| If an ef<br>Note: | ive date, if other than the date of filing:  |
| e recor           | rd 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 led. |
| Dated             | Apill 13th . 2023.  Must District  Signature of a member or authorized representative of a member                                  |
|                   | Miss Distitut  |
|                   | / Signature of a member or authorized representative of a member   |
|                   | Rhett Shelta<br>Typed or printed name of signee  |
|                   | /\N\tal \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |

Filing Fee: \$25.00