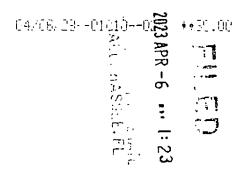
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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Office Use Only



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S. FROM (LIN 104Y 2 1 2023

COVER LETTER

	v Limits LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Ashley Faulkner
	Name of Person
	Outlaw Limits
	Firm/Company
	3004 Nw 198th St
	Address
	Starke, FI 32091
	City/State and Zip Code
	outlawlimits@gmail.com E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Ashley Faulkner	904 769-6652 at ()
N:	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ce \$\Bigsis \$30.00 \text{ Filing Fee & } \Bigsis \$55.00 \text{ Filing Fee & } \Bigsis \$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \t

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 ARTICLES OF ORGANIZATION **OF**

Outlaw Limits LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Diability Company)	
he Articles of Organization for this Limited Liability Company		and assigned
lorida document number	S	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
		202
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r the abbreviation L.C."
Enter new principal offices address, if applicable:		70
Principal office address MUST BE A STREET ADDRESS)		5 6
		(1)
		mu
inter new mailing address, if applicable:		77. 23
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, enter the	name of the new register
the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florid	da
ew Registered Agent's Signature, if changing Registered Agent:	Ciù	ząr coue
kk		

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>	Address	Type of Action
MGR	Ashley Faulkner	3004 Nw 198th St	■ Add
		Starke, Fl 32091	
			□ Change
		3n ·	⊡Add
			□Remove
			□ Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
	·		□Remove
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			5 7.01

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lf an effecti <u>Note:</u> If t	date, if other than the date of filing:
e record sprd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Ap	ril 4 2023 Signature of a member of authorized representative of a member
•	Ashley Faulkner
	Typed or printed name of signee

Filing Fee: \$25.00