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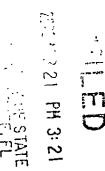
(Ke	questor's Name)	
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Special Instructions to	Filina Officer:	
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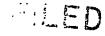


## **COVER LETTER**

(O) Registration Section of Corp.			
SUBJECT: 68	A Outdoors LLC.		
	Name of Lim	ited Liability Company	<del></del>
he enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspon	ndence concerning this matter	to the following:	
	Noelle R	enee Liedtke Name of Person	
		Name of Cerson	
	6&A OU	htdoors_LLC Firm/Company	
	3624 S. Li	ghtner Dr. Address	
	To 2000		
	lampa,	FL 33629 City/State and Zip Code	
	mliedtk	(e4@ yahoo.co	<u>m</u>
For further information co	oncerning this matter, please c		eport notification)
Noelle Liea	ltke.	at ( <u>8</u> 15)	236-2283
Name of	Person	Area Code	Daytime Telephone Number
inclosed is a check for th	e following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address		Street Ad	
Registration S		•	tion Section
Division of Co P.O. Box 632	-		of Corporations tre of Tallahassee
Tallahassee, F			Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GRA OUTHOOKS LLC		2000年記21 PM 3:22
(Name of the Limited L. (A.F.	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on0 <u>4</u>	<del>-</del>
Florida document number <u>L23000 16517</u>	<u>1</u>	
This amendment is submitted to amend the following	og:	
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 designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	<u>-</u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	. <u></u>	
	Enter Florida str	eet address
_	City	Florida
	- · · ·	<b>-</b>

## 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>	Address	Type of Action
AMBR	Noelle Rence Liedtke	3624 S. Lightner Dr.	[X]Add
		Tampa, FL 331629	□ Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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ument's effectiv	e date on the Dep	ariment of 50	ate s records	·					
	delayed effective of	date, but not	an effective t	ime, at 12:01	a.m. on the c	earlier of: (t	) The s	90th day	after the
s filed.									
			2023						
edAD(i\	19th	<u> </u>							
ed <u>April</u>	19th								