## 123000170019

(Req	uestor's Name)	
(Add	ress)	
(Adda	ress)	
(City)	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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A DUM ER AUG - 7 2023

## **COVER LETTER**

	. 1		
SUBJECT:	on outdoors lle		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	briar jackson		
		Name of Person	<del></del>
	briar jackson outdoors He		
		Firm/Company	
	1580 big branch rd		
		Address	_
	32068		
	briar@fanfloors.com	City/State and Zip Code	
	_	to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
briar jackson		904 4184431 at ()	
Name o	of Person	Area Code Day	rtime Telephone Number
Cantagad in a about for	hu fallaning amount		
Enclosed is a check for t		Freezon Fili D. B	C SCO OO Diling Coo
■ \$25.00 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 Statu Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address	
Registration Division of 0		Registration Division of C	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

briar jackson outdoors llc

EILED 2023 JUL -5 PH 2: 58

orial jackson outdoors no		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records: 14 (1) OF SAATE
		IALLAMASSEE, FI
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{8/7/2023}{}$	and assigned
lorida document number L23000170079		
This amendment is submitted to amend the following:		
ins antendificit is submitted to afficing the following.		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Times and the second		
B. If amending the registered agent and/or registered office	address on our records,	enter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
The Tregistered Office Tradition.	Enter Florida street	address
		. Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent and ag	ree to act in this canacity	v. I further agree to comply wit

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 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	briar jackson	1580 big branch rd	■Add
			□Remove
			□Change
		□Remove	
			Change
			□Add
			□Remove
		□Change	
			□Add
		Remove	
		□ Change	
			□ Add
		□Remove	
		□Change	
			□ Add
			□Remove
			□Change

	<del></del>
Note:	tive date, if other than the date of filing:
ne reco ord is f	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 iled.
Dated	8/7/2023
	Brian Jackson Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	briarjackson
	Typed or printed name of signee

Filing Fee: \$25.00