

L23000366782
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000353482 3))



H230003534823ABC/

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : UNITED ACCOUNTANTS LLC
Account Number : I20230000115
Phone : (813)773-4973
Fax Number : (813)440-4499

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OUTPOST HOSPITALITY LLC

Certificate of Status	0
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Page Count	01
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OCT 10 11:52
DIVISION OF CORPORATIONS
STATE OF FLORIDA

2/23/11
6:10:29

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OUTPOST HOSPITALITY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KASSEM NABHA
Name of Person

Firm/Company

3907 W MLK BLVD
Address

TAMPA, FL 33614
City/State and Zip Code

INFO@UNIACC.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KASSEM NABHA at (302) 384-2808
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 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**

OUTPOST HOSPITALITY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/04/2023 and assigned Florida document number L23000366782.

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

_____	2023
_____	11/11
_____	11/11
_____	11/11
_____	11/11

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____	11/11
_____	11/11
_____	11/11
_____	11/11
_____	11/11

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HAMZA ALQUDAH	110 W DREW S	<input type="checkbox"/> Add
		PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KKM GROUP, INC	4202 W ARCH ST	<input type="checkbox"/> Add
		TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SMOKE STUDIO LLC	11351 GALLATIN TRAIL	<input checked="" type="checkbox"/> Add
		PARRISH, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NOVE HOLDING INC	4202 W ARCH ST	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

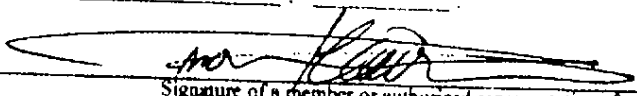
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 08/04/2023 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 09 2023


Signature of a member or authorized representative of a member

KASSEM NABHA
Typed or printed name of signer

Filing Fee: \$25.00