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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

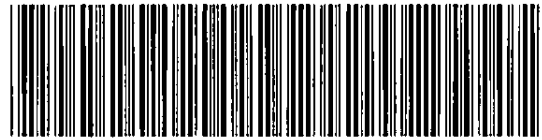
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2024 APR 24 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTVIE COMPANY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria L. Hill

Name of Person

Outvie Company, LLC

Firm/Company

2910 E Jackson St.

Address

Pensacola FL 32503

City/State and Zip Code

victoria.hill1029@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Hill

Name of Person

at

256 479-2177

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

2024 APR 24 PM 10:32
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Outvie Company 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 Aug 9, 2023 and assigned
Florida document number L23000378441

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:

(Your Physical Home Address)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Your Mailing Address)

(Mailing address MAY BE A POST OFFICE BOX)

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:

2B POSTAL INC.

New Registered Office Address:

6901A N 9TH AVE #444

Enter Florida street address

PENSACOLA

City

, Florida 32504

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.

ROGER WILLIAMS

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>
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VILAKI STATE

2024 APR 24 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAMOUNTAIN

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.

Dated 04/18/2024, _____

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Victoria L. Hill

Typed or printed name of signee