## L23000448143

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer.	

Office Use Only



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## **COVER LETTER**

ŤΟ:	Registration S Division of Co			
C11D (E7		key Outfitters LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Adam Williamson		
			Name of Person	
		Alpha Wiskey Outfitters L	LC	
			Firm/Company	
		1195 NE 899th St		
			Address	
		Old Town , Fl 32680		
			City/State and Zip Code	
		AWOUTFITTERS2023@gr	mail.com to be used for future annual report noti	lication)
For furth	er information o	concerning this matter, please co	·	
Adam W	'illiamson		573 586-7754	
<del></del>	Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



September 16, 2024

ADAM WILLIAMSON 1195 NE 899TH STREET OLD TOWN, FL 32680

SUBJECT: ALPHA WHISKEY OUTFITTERS LLC

Ref. Number: L23000448143

We have received your document for ALPHA WHISKEY OUTFITTERS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the LLC is not correct. The name must match DOS records.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 424A00020764

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

e of the Limited Liability Company

The Articles of Organization for this Limited Liability Company	were filed on sept 27 2023	and assigne
Florida document number 1.23000448143	were med on	and assigne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AW OUTFITTERS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 × 202
		<b>← ←</b>
		NOV 20
Enter new mailing address, if applicable:		20 SSE
(Mailing address MAY BE A POST OFFICE BOX)	-	
Trutting dutiess SIAT BE A TOST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>en</u>	-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
	,	Florida

## 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del>_</del>	□Remove
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Sept. 5		2024						
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Filing Fee: \$25.00