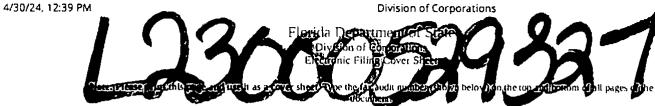
**Division of Corporations** 



(((H240001571523)))



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To:

Division of Corporations : (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : [20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

> \*\*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 YELLOW RIVER OUTFITTERS CUSTOMS LLC

Certificate of Status	0
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Page Count	04
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(3)

T. LEMIEUX MAY 0 1 2024 4/30/2024 09:26:19 PDT

To: 18506176383

Page: 2/4

Fax: 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ŕ

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
(A Fiorida Limited Liability Comp	ally
The Articles of Organization for this Limited Liability Company were filed o	n <u>11/28/23</u> and assigned
Florida document number L23000529327	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	262
	ري. د م
B. If amending the registered agent and/or registered office address on cagent and/or the new registered office address here:	
agent and/or the new registered office address here.	- <del> </del>
Name of New Registered Agent:	<del>]:</del> 0
Name of New Registered Agent.	
New Registered Office Address:	r Florida street address
Enk	
City	, Florida Zip Code
City	Esp. Civile

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.

4/30/2024 09;46:19 PDT

To: 18506176383

Page: 3/4

ax: 810

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Stinnett, Musette	7901 4th St N STE 300	□ Add
		St. Petersburg, FL 33702	☑Remove
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ective date, if other than the a effective date is listed, the date must te: If the date inserted in this blooment's effective date on the Do	the specific and cannot be ock does not meet the a	ipplicable statut			
cord specifies a delayed effective s filed.	e date, but not an effect	live time, at 12:0	01 a.m. on the ea	rlier of: (b) The	90th day after the
	, 2024				
	Signature of a member of		eg r		

Filing Fee: \$25.00