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COVER LETTER

	Registration Sc Division of Con				
OTID 11:4:	AMAZINO	OUTDOOR STRUCTURES	LLC		
SUBJEC	1:	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		NOEMLI MEDINA			
Name of Person					
AMAZING OUTDOOR STRUCTURES LLC					
Firm Company					
	86700 OVERSEAS HWY				
Address					
ISLAMORADA, FL 33036					
City/State and Zip Code					
		amazingoutdoorstructure@	='		
		E-mail address: (to be used for future annual report no	tification)	
For furthe	er information c	oncerning this matter, please c	all;		
NOEMI I	MEDINA		786 319-0983		
Name of Person		at () Area Code Daytir	ne Telephone Number		
Enclosed	is a check for th	ne following amount:			
■ \$25.0	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 Addres		Street Address:	antian	
Registration Section Division of Corporations		Registration Se Division of Co			
	P.O. Box 632	•	The Centre of	•	
7	Fallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAZING OUTDOOR STRUCTURES 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 12/11/2023 and assigned Florida document number 1.23000546526

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 "LLC."

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)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
p	NOEMI I MEDINA	9901 NW 80 AVEBAY 3JHIALEAH, FL 33016	= Add
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			□Change
			🗆 Add
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	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a l.	iner the
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Filing Fee: \$25.00