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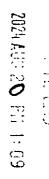
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
subject: <u>C</u>	DUTSTANDING PLIMIT	ESCA BES LANDSCO	spe hhc
The enclosed Article	s of Amendment and fee(s) are subn	nitted for filing.	
Please return all corr	espondence concerning this matter to	o the following:	
	_ Alexano	der Montie	/
	outstandin	ESCAPES LAW d	scape LLC
	327 W PALA	Address	
	Florida Cir	City/State and Zip Code	
	Lowfiel Alex E-mail address: (to	A w Jee 91 @ 9 m be used for future annual report notific	ation) Coas
For further information	on concerning this matter, please cal	H:	
Alexande	me of Person	at (307) 561- 3	5022 Telephone Number
Enclosed is a check f	or the following amount:		
S25.00 Filing Fe	e S30.00 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)
<u>Mailing Ad</u> Registration	dress: on Section	Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outstanding escape	handsone 140
OUTS FANDING ESCADES (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 240000 25694</u> .	were filed on $1/11/2029$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	327 W PALM DR Florido City, El 33034
Enter new mailing address, if applicable: (Mailing address MAY BE A POST 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, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address

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.

City

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>	Address	Type of Action
			□Add
			□Remove
			Change
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ffaati.	e date, if other than the date of filing: 8/14/24 (optional)
an errec	tive date is fisted, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605,0207
	The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	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
l is file	1.
	6/11/2U
ated _	8/16/24
ated _	0/10/29
ated _	Signature of a member or authorized representative of a member