L24000432388

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10/23/24--01014--012 **50.00

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Outkas	st Backwater Adventure	es LLC.	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Darrell V		
		Name of Person	
	Outkast Backwa	ter Adventures LLC.	
		Firm/Company	
	166 Slaughter R	coad	
		Address	
	Palatka, Fl 321	77	~ ?
		City/State and Zip Code	·
	varnesdarrell@	gmail.com to be used for future annual report no	: C:
For further information c	oncerning this matter, please c		inication)
James Darrell V	/araac	00= -	
Name of Person		at (<u>386</u>) <u>937-9</u> Area Code Daytir	ne Telephone Number
			1
Enclosed is a check for the	ne following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outkast Backwater Adv	VENTURES LLC. Led Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L.	iability Company were filed on <u>10/</u> 8	3/2024 and assigned
Torida document number <u>L24000432388</u>	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here	:
he new name must be distinguishable and contain the v	vords "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
		٠`
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	4	
If amending the registered agent and/or regent and/or the new registered office addre	C.	1,7
		·
Name of New Registered Agent:	James Darrell Varnes	
New Registered Office Address:	166 Slaughter Road	
	Enter Florida	street address
	<u>Palatka</u>	, Florida <u>32177</u>
	City	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.

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>	Name	Address	Type of Action
MGR	James Darrell Varnes	_166_Slaughter_Road_Palatka,_FL32177_	i\sqrt{\lambda}\add
			Remove
			□Change
			□Add
			□Remove
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ective date i	f other than the c	late of filing	o· 10/17/:	2024		(optional)	ú-
reffective date is <u>te:</u> If the date	s listed, the date must inserted in this blo- tive date on the De	be specific and ck does not n	l cannot be prior neet the applic	to date of filing of table statutory f		ays after filing.)	
ecord specifies s filed.	a delayed effective	date, but not	an effective ti	ime, at 12:01 a.	m, on the earlie	er of: (b) The	: 90th day after t
ted	tolon anos S	<u> </u>	2021	4.			
			1/1/1/1	1 1			

Filing Fee: \$25.00