

N1 2000000 5093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

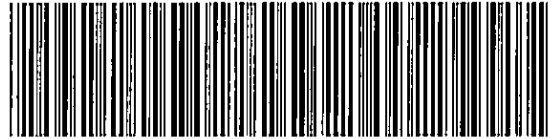
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
2023 MAY 22 PM 12:05  
CLERK OF COURT  
CLERK OF COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Outlyr, LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Erensen

\_\_\_\_\_  
Name of Person

Outlyr, LLC

\_\_\_\_\_  
Firm/Company

165 W. Putnam Ave. 2nd FL

\_\_\_\_\_  
Address

Greenwich, CT 06830

\_\_\_\_\_  
City/State and Zip Code

drainear@outlyr.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Rainear

at ( 609 ) 7747926

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED  
2023 MAY 22 PM 12:05  
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Eiger Marketing Group, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M20000005093

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: June 1, 2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Outlyr, LLC

(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

FILED  
2023 MAY 22 PM 12:05  
CLERK OF DISTRICT COURT  
JULIA M. BOSTON, CLERK

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Tim P.*

\_\_\_\_\_  
Signature of the authorized representative

Timothy Erensen

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EIGER MARKETING GROUP, LLC", CHANGING ITS NAME FROM "EIGER MARKETING GROUP, LLC" TO "OUTLYR, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2021, AT 4:02 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:02 PM 05/26/2021  
FILED 04:02 PM 05/26/2021  
SR 20212125223 - File Number 5014324

1. Name of Limited Liability Company: \_\_\_\_\_  
EIGER MARKETING GROUP, LLC

2. The Certificate of Formation of the limited liability company is hereby amended  
as follows: \_\_\_\_\_

1. The name of the limited liability company is OUTLYR, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 26 day of May, A.D. 2021.

By: /s/ Tim Erensen  
Authorized Person(s)

Name: Tim Erensen  
Print or Type