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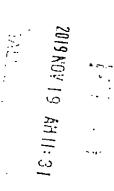
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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Florida Outfitters, INC DOCUMENT NUMBER: <u>PO800084964</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bryg~ McCutcheo~
Name of Contact Person Firm/ Company 6594 N. Citrus Ave Crystal River FL 34428
City State and Zip Code brygnozello @ gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bryg~ McCotchea~ at (352) 422 2705
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahussee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Name of Corporation as current	<i>6</i>
(Name of Corporation as current	y filed with the Florida Dept. of State)
<u> </u>	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" (Corp., " "Inc.," or Co.," or the designation (Corp.," "Inc.," or word "chartered," "professional association, or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	6594 N. Litrus Ave Crystal River FL 34428
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6594 N. Citrus Ave Crystal River FL 34428
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address  Name of New Registered Agent By a f	<u>.                                    </u>
6594 N. G (Florida str	Citrus Auc eciaddress
New Registered Office Address: Crystyl Riv	City Florida 34428  City Zip Code 2
New Registered Agent's Signature, if changing Registered Agent	
Thereby accept the appointment as registered agent. Tam familiar s	
Signature of New I	Registered foemt if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>Doc</u>		
X Remove	<u>V</u> <u>Mik</u> e	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
i) Change	D, P	Villian Wilson	3128 Perma Ct	
Add			Longwood FL 32779	
X Remove				
2) Change	Ī	NINg Lehmor-Wikon	3128 Penn, Ct	
Add			40-3 200d FL 3277	
_ <u>X</u> Remove				
3 ) Change				
Add				
Remove				
4) Change	<del></del>			
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>lf amending or adding additional Arti</u> Attach <i>additional sheets, if necessaryt</i>	(Be specific)
··	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N A)	ndment if not contained in the amendment itself:
NA	
<i>l</i>	

The date of each amendment(s) adopti date this document was signed.	ion: 9/3/2019	, if other than th
	9/3/2019 molmore than 90 days after amendmen	mt file date)
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing rement of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast ent for approval.	for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The voting group entitled to vote separately on the	the following statement camendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approv	val
hy	(voting group)	
	tvoting group)	
☐ The amendment(s) was/were adopted action was not required.	I by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action	n and sharebolder
Dated	3/2019	
selected, by	tor, president or other officer – if directors or of y an incorporator – if in the hands of a receiver, fiduciary by that fiduciary)	ficers have not been trustee, or other court
	Bryan M. Cotcher (Typed or printed name of person signing)	ng)
	Pirector/President (Title of person signing)	