

L12000124984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

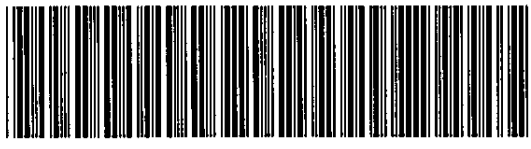
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900260750119

06/02/14--01035--022 \*\*25.00

FILED  
2014 JUN -2 PM 4:06  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

JUN 05 2014  
D. BRUCE

EFFECTIVE DATE 06/02/14

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OUTLOOK HOMES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO INGRAO  
Name of Person  
OUTLOOK HOMES LLC  
Firm/Company  
120 LAKEVIEW DR 312  
Address  
WESTON FL 33326  
City/State and Zip Code  
MARIOINGRAO @ HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO INGRAO at (954) 716-5083  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2014 JUN -2 PM 4:06  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OUTLOOK HOMES 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 October 1 / 2012 and assigned Florida document number L12000124984.

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 end with the words "Limited Liability 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)**

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:**

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

EFFECTIVE DATE 06/02/14

FILED  
2014 JUN - 2 PM 4:06  
TALLAHASSEE, FLORIDA

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIO INGRAO	120 LAKEVIEW DR 312 WESTON FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MANAGER	CARMELA DOLCE	20314 N.W 2ND AVE MIAMI FL 33169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JACQUELINE INGRAO	120 LAKEVIEW DR #312 WESTON FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 JUN - 2 2014  
 4:06 PM  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---

---

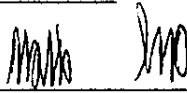
---

---

E. Effective date, if other than the date of filing: 6/2/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/29, 2014



Signature of a member or authorized representative of a member

MARIO INGRAO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2014 JUN -2 PM 4:06  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA