

L15000081996

(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



600278023746

10/15/15--01020--018 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 15 PM 2:27

FILED

K. SALY
EXAMINER
OCT 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OUTLOOK PROPERTY MANAGEMENT, 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:

TAMARA CASTILLO
Name of Person

Firm/Company

13416 SW 12TH TERRACE
Address

MIAMI, FL, 33184
City/State and Zip Code

TAMARA@TCLACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMARA CASTILLO at (786) 344-3276
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|-----------------------------|--|
| MGR | MANAGEMENT BATIM, CORP | 3802 NE 207TH STREET, #1702 | <input type="checkbox"/> Add |
| | | AVENTURA, FL, 33180 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | INFINITY PROPERTY MANAGE | 1355 W 44TH PLACE, #100 | <input type="checkbox"/> Add |
| | | HIALEAH, FL, 33012 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | AVNER COHEN | 8201 PETER RD, STE 1000 | <input checked="" type="checkbox"/> Add |
| | | PLANTATION, FL, 33324 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 2018 OCT 11 PM 2:27
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

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

N/A

2015 OCT 15 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

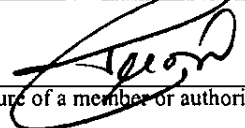
E. Effective date, if other than the date of filing: 10/01/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 5th, 2015.



Signature of a member or authorized representative of a member

Tamera Castillo for order of Auner Cohen

Typed or printed name of signee