## 209000065725

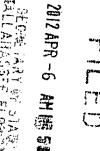
estor's Name)			
ess)			
ess)	<u> </u>		
State/Zip/Phone	e #)		
☐ WAIT	MAIL		
(Business Entity Name)			
ment Number)			
Certificates	of Status		
ing Officer:			
A. LUNT  APR -9 2011  EXAMINER			
	ess)  State/Zip/Phone WAIT  Hess Entity Nar  ment Number)  Certificates  ing Officer:  LUN7  R - 9 2011		

Office-Use Only



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04/06/12--01019--022 \*\*30.00



6-()

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	CT:		OUT LLC			
		Name of Limi	ited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
			LANDY VIDAL		2012 APR	- SAN Track
			Name of Person		PR -	Anterior 1, 1
			IN N OUT LLC Firm/Company	SAN CONTRACTOR OF THE PROPERTY	-6 至	
			1 min Company		至	
	4701 SW 45TH ST BLDG 10 BAY 3		الله الله الله الله الله الله الله الله	ଜ୍ଞ କ୍ର		
			Address			
			DAVIE, FL 33314 City/State and Zip Code	<u> </u>		
		ININI	•			
		E-mail address: (	OUTLLC@GMAIL.COM to be used for future annual report notifications.	tion)		
For furt	her information	concerning this matter, please of	all:			
		DBERT VIDAL of Person		67-3041		
	Name (	or rerson	Area Code & Daytime T	elepnone Number		
Enclose	d is a check for t	the following amount:				
<b>\$25.</b>	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10	atus &	ed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		IN N OUT LLC				
( <u>Na</u>	me of the Limited Lia (A Flo	bility Company as it now appears orida Limited Liability Company)	on our records.)			
		lity Company were filed on		, TH	22 as	signed
Florida document number	L0900006572	<u>25                                    </u>		- ARASS	APR -6	ACCOUNTS.
This amendment is submitted	to amend the following	ng:			3	
A. If amending name, enter	the new name of the	e limited liability company here:			(41) (41)	
The new name must be distingui "L.L.C."	shable and end with th	e words "Limited Liability Company	," the designation	ı "LLC'	or the	abbreviation
Enter new principal offices a	ddress, if applicable	e:				<del></del>
(Principal office address MU	ST BE A STREET A	DDRESS)				
Enter new mailing address, i (Mailing address MAY BE A		<u></u>				
B. If amending the registered agent and/or the n		registered office address on our address here:	records, <u>ente</u>	r the 1	name (	of the new
Name of New Regist	ered Agent:	***				<del></del>
New Registered Offi	ce Address:	Enter	Florida street d	address		
			, Florida			
	_	City		7	in Code	<u> </u>

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 608, 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

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

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>S</u>	MATOS, SAMUEL	4701 SW 45TH ST BLDG 10 BAY 3 DAVIE, FL 33314	Add Remove
MGR	VIDAL, ROBERT	4701 SW 45TH ST BLDG 10 BAY 3 DAVIE, FL 33314	Add  Remove
			Add Remove
			Add Remove
		France Control of the	0)
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	——————————————————————————————————————
_			
 Dated	APRIL 2 ,	2012 ,	
		Janly E. Vidol	
		mber or authorized representative of a member	
		LANDY VIDAL vped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00