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SECRETARY OF STATE,
ALLAHASSEE, FINDING.

T. HAMPTON

NOV 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	
SUBJECT:	Buy AND Sell outlet LLC (Name of Limited Liability Company)
•	(Name of Limited Liability Company)
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	JAMES JONES (Name of Person)
	Buy AND Sell outlet LLC (Firm/Company)
	2948 Delpardo Blud (Address)
	Cape Conal FIA 33904 (City/State and Zip Code)
For further information co	oncerning this matter, please call:
JAMES (Name of	239-5412200 @ Tones at (202) 941-8072 call (Area Code & Daytime Telephone Number)
((And Code & Daytine Pelephone Number)
Enclosed is a check for th	ue following amount:
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buy AND Sell of Name of the Limited Liability Compa	itlet	LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now : Liability Com	appears on or pany)	ur records.)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>LO300005264</u> 0	were filed o	n 12 /c	,5/2003	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility compa	ny here:		
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability	Company," th	ne designation "LI	LC" or the abbreviation
Enter new principal offices address, if applicable:			TA SE	
(Principal office address MUST BE A STREET ADDRESS)		<i>ν1.</i>	22	
	SANL	/ [A	ARY	- <u> </u>
Enter new mailing address, if applicable:			E ST	> G
(Mailing address MAY BE A POST OFFICE BOX)		N_ _	36	<u> </u>
	Spare			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s on our re	ecords, <u>enter th</u>	e name of the new
Name of New Registered Agent:	······································	<u> </u>		
New Registered Office Address:	SAM	N)A	lorida street add	
	•	(Enier Fi		ress)
	(City)		, Florida	(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 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 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 = Managing Member Type of Action **Address** Title <u>Name</u> JAMES CRedd Liliana Redd MERM _ Add Remove / Add Remove ___ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) TAMES JONES IS the MAR ablaSignature of a member of authorized representative of a member Reld JAMUS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00