

L12000144903

(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



800250160908

08/27/13--01004--025 **25.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

2013 AUG 27 PM 3:37

FILED

B. BOSTICK
AUG 28 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **OUTLET FASHION'S 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:

ISAAC MINIET

Name of Person

OUTLET FASHION'S LLC

Firm/Company

4744 GOLDEN GATE PRKWY

Address

NAPLES, FL. 34116

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISAAC MINIET

Name of Person

at **239 331-2589**

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

CLERK OF COURT
TALLAHASSEE, FLORIDA

2013 AUG 27 PM 3:37

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

OUTLET FASHION'S 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 11/15/2012 and assigned
Florida document number L12000144505.

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)

4744 GOLDEN GATE PKWY

NAPLES, FL. 34116

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4744 GOLDEN GATE PKWY

NAPLES, FL. 34116

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:

4744 GOLDEN GATE PKWY

Enter Florida street address

NAPLES

Florida 34116

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 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 = Managing Member

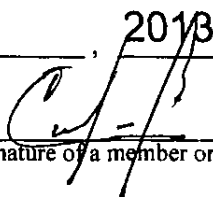
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE L. ACOSTA	2573 55TH TERR SW	<input checked="" type="checkbox"/> Add
		NAPLES, FL. 34116	<input type="checkbox"/> Remove
MGRM	ANIA ACOSTA	1118 WEST CHESTER DRIVE EAST	<input type="checkbox"/> Add
		WEST PALM BEACH, FL. 33417	<input checked="" 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

CALLING FOR THE
TALLAHASSEE, FLORIDA

2013 AUG 27 PM 3:31

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

Dated AUGUST 9, 2013



Signature of a member or authorized representative of a member

ISAAC MINIÉT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 27 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA