L13000008270

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D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIGGT

FASHION OUTLET MALL, 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:

RACHID YASSINI

Name of Person

FASHION OUTLET MALL, LLC

Firm/Company

6121 SILVER STAR ROAD

Addres

ORLANDO, FL 32808

City/State and Zip Code

vipcleaning2001@gmail.com

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

For further information concerning this matter, please call:

RACHID YASSINI

__407、288 3625

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

□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

FASHION OUTLET MALL,	LLC		
(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Lia	ability Compan	y were filed on 01/14/2013	and assigned
Florida document number L13000008270	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lial	bility company here:	
N/A			
The new name must be distinguishable and end with "L.L.C."	h the words "Lim	nited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	N/A	
(Principal office address MUST BE A STREE)	T ADDRESS)		
			SS C
			mo - ·
Enter new mailing address, if applicable:		N/A	- · · · · · · · · · · · · · · · · · · ·
<u>(Mailing address MAY BE A POST OFFICE E</u>	BOX)		C.W. 10
B. If amending the registered agent and/o registered agent and/or the new registered off			enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		1181111	0 PM-10-10-10-10-10-10-10-10-10-10-10-10-10-
		Enter Florida sti	reet address
			rida
		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>	Name	Address	Type of Action
MGRM	JAMAL BENLARABI	5895 STRADA CAPRI WAY	YAdd
		ORLANDO, FL 32835	Remove
MGRM	JAMAL-EDDINE BENLARABI	5895 STRADA CAPRI WAY	Y Add
		ORLANDO, FL 32835	Remove
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
	·		Remove
			Add
			Remove

D. If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)				
N/A					
Dated FEBRUARY 11	2013				
	Signature of a member or authorized representative of a member				
RACHID YASSINI	-				
	Typed or printed name of signee				

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Filing Fee: \$25.00

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