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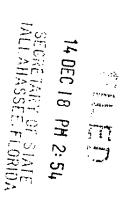
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### **COVER LETTER**

Registration Section TO: Division of Corporations Outset Digital 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: Oscar A. Galvis Name of Person Firm/Company 12774 SW 135 Ter Address Miami, FL 33186 City/State and Zip Code ogalvis23@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: scar A. Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

Outset Digital LLC			
(Name of the Limi	ited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	Liability Company	were filed on May 10, 2014	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of	of the limited liab	pility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her		the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		SSE CO
		Enter Florida street address, Florida	M 2: 5
		City	Zin 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action Adrian Carballo 1835 SW 18 St MGR □ Add Miami, FL 33145 **■** Remove \_□ Remove □ Remove □ Add S 2: 5 PRemove □ Add ☐ Remove

N/A		
fective date, if other than the date of filing:	N/A	(optional)
e effective date must be specific, cannot be prior to date e date this document is filed by the Florida Department		
October 14	2014	
fol	·	
Signature of a me	ember or authorized representative of a member	
Adrian Carballo		
Т	voed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF SIALE