

614000076223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

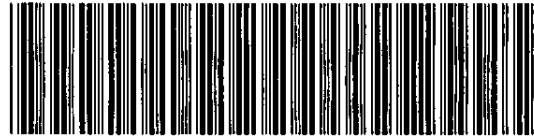
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700267233317

12/18/14--01014--002 **25.00

FILED
14 DEC 18 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 DEC 23 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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:

Oscar A. Galvis

Name of Person

at (305) 205-6485

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

Outset Digital LLC

Page 1 of 3

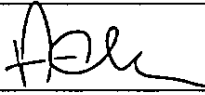
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 14, 2014



Signature of a member or authorized representative of a member

Adrian Carballo

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 DEC 18 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA