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Office Use Only



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S TALLENT MAY 1 4 2020



Murd



Ph; (352) 843,5338

Fax: 866-936-1737 Final: nnke@hntdoctorllc.com Website: www.lintdoctorlle.com



Attn: Susan Tallent

Florida Department of State

Dear Susan.

In regards to the letter dated May 4, 2020 (Letter Number: 520A0000913). I am the owner of Lint Doctor. LLC. I am trying to change the name of document L14000127337, Phoenix Discount Outlet, LLC back to Lint Doctor, LLC.

The letter states that the name Lint Doctor, LLC, document number L18000176949, is in conflict with the name change request for document L14000127337. I am the owner of both documents and would like to release Document #L18000176949.

I, owner of document #1.18000176949 Lint Doctor, LLC, have no intention of re-instating this document/Name. I therefore release Lint Doctor, LLC with document #L18000176949, so it can be used for the name change requested for document #1.14000127337.

Sincerely.

Michael A. McCutcheon 5/14/2020

Owner

Lint Doctor®, LLC



May 4, 2020

MICHAEL MCCUTCHEON
PHOENIX DISCOUNT OUTLET, LLC
PO BOX 51
ANTHONY, FL 32617

SUBJECT: PHOENIX DISCOUNT OUTLET, LLC

Ref. Number: L14000127337

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L18000176949-LINT DOCTOR, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 520A00009133



2020 FTT - 1 AT 8: 07

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April 21, 2020

MICHAEL MCCUTCHEON PHOENIX DISCOUNT OUTLET, LLC PO BOX 51 ANTHONY, FL 32617

SUBJECT: PHOENIX DISCOUNT OUTLET, LLC

Ref. Number: L14000127337

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 020A00007220

2020 MAY 13 AM 10: 24



Refuned mail

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2020

MICHAEL MCCUTCHEON PHOENIX DISCOUNT OUTLET, LLC 820 NE 16TH ST OCALA, FL 34470

SUBJECT: PHOENIX DISCOUNT OUTLET, LLC

Ref. Number: L14000127337

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 020A00007220

COVER LETTER

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ello ir <i>e</i> r.	PHOENIX	DISCOUNT OUTLET, LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MICHAEL MCCUTCHE	NO	
			Name of Person	
		PHOENIX DISCOUNT (OUTLET, LLC	
			Firm/Company	
		820 NE 16TH ST	DO Box51	
		OCALA. FL 34470	Anthony R 321	617
		MIKE@LINTDOCTORLL	City/State and Zip Code	
		<u> </u>	to be used for future annual report nor	ification)
For further in	nformation c	oncerning this matter, please co	all:	
MICHAEL I	мсситсн	EON	352 843-5338	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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	-	orporations	Division of Co	
). Box 632		The Centre of	
Fal	lahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIX DISCOUNT OUTLET, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 8/13/2014 and assigned The Articles of Organization for this Limited Liability Company were filed on $\frac{06/19/19}{}$ Florida document number L14000127337 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LINT DOCTOR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 12600 NE 42ND TER Enter new principal offices address, if applicable: ANTHONY, FL 32617 (Principal office address MUST BE A STREET ADDRESS) P.O. BOX 51 Enter new mailing address, if applicable: ANTHONY, FL 32617 (Mailing address MAY BE A POST OFFICE BOX) 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:

MICHAEL MCCUTCHEON

P.O. BOX 51 / 2600 NE 42 71 Ter (AX)

Enter Florida street address

ANTHONY _____, Florida 32617 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00