## L15000093510

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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**S MASON** 

## **COVER LETTER**

TO: Registration Se		ŷ.		
	ELECTRONICS LLC			
SUBJECT:	Name of Limi	ited Liability Company		
	Amendment and fee(s) are subsondence concerning this matter	-		
	HECTOR L. ORTIZ			
		Name of Person	<del></del> -	
	OUTLET ELECTRONICS	SLLC		
		Firm/Company		
	10263 BEACH BLVD			
		Address	<del></del>	
	JACKSONVILLE FL			
		City/State and Zip Code		
	111tax333@gmail.com	to be used for future annual report notificat	ton\	
For further information of	concerning this matter, please co		iony	
HECTOR L. ORTIZ	,,,	904 674-4544		
Name o	of Person	at ()	lephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Control (additional copy) AHACSSET	SECRETARY
	ING ADDRESS: ration Section	STREET/COURIER Registration Section		ဥက ဥဟ
	on of Cornorations	Division of Corporation	ins 프로 프 🔾	<b>₹</b>

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on FLORIDA and assigned
Florida document number L150000093510	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
OUTLET ELECTRODOMESTICS LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	HECTOR L ORTIZ
(Principal office address MUST BE A STREET ADDRESS)	10263 BEACH BLVD
	JACKSONVILLE FL 32246
Enter new mailing address, if applicable:	10263 BEACH BLVD
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE FL 32246
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, enter the name of the:
New Registered Office Address:	
	Enter Florida street address
	Florida
	, Florida Citv Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 hability

company has been notified in writing of this change.

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 Title Name 1 **Address** Type of Action \_□ Add \_□ Remove ☐ Change \_□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove rn \_n ⊡ Remasove

By mistake we open this IIc as OUTL	ET ELECTRONICS LLC; and in reality we wanted t	o name it as
OUTLET ELECTRODOMESTICS L	LLC; please correct it as OUTLET ELECTRODOME	ESTICS LLC.
tive date, if other than the date of fective date is listed, the date must be spec	cific and cannot be prior to date of filing or more than 90 days	optional) safter filing.) Pursuant to 605
If the date inserted in this block doe nent's effective date on the Departme	s not meet the applicable statutory filing requirements	s, this date will not be liste
ecord specifies a delayed effec e 90th day after the record is	tive date, but not an effective time, at 12: filed.	01 a.m. on the earlie
J May, 28	, 2015	∯.c. <b>15</b>
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Signatu	are of a member of anthorized representative of a member	HAR SS
		FF S

Page 3 of 3

Filing Fee: \$25.00