

L1500093510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

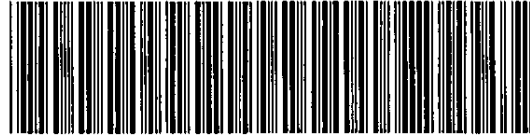
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500274580465

500274580465
07/07/15--01025--004 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -7 PM 1:25
TALLAHASSEE, FLORIDA

JUL 08 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTLET ELECTRODOMESTICS 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:

HECTOR ORTIZ

Name of Person

OUTLET ELECTRODOMESTICS LLC

Firm/Company

10263 BEACH BLVD

Address

JACKSONVILLE FL 32246

City/State and Zip Code

outletelectrodomestics@gmail.com

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -7 PM 1:25

SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

HECTOR ORTIZ

904

674-4544

at (_____) _____

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

☐ \$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

Outlet Electrodomestics LLC
(Name of the Limited Liability Company as it now appears on our records)

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GONZALO VIRGILIO ALVAREZ	10263 BEACH BLVD JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 JUL - 4 PM : 25
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 09, 2015

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -7 PM 1:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE