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SECRETARY OF STATE

SECRETARY OF STATE OF STATE OF CORPORATIONS

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COVER LETTER

	gistration Se vision of Cor					
SUBJECT:		ELECTRODOMESTICS LLC				
SUBJECT:	' 	Name of Limited Liability Company				
		Amendment and fee(s) are sub	-			
		HECTOR ORTIZ				
			Name of Person			
		OUTLET ELECTRODOM	MESTICS LLC			
			Firm/Company		9	
		10263 BEACH BLVD		SEC	SECR /ISIO	
			Address	一	L OF	
		JACKSONVILLE FL 322	46	ARY (RY O	
		outletelectrodomestics@gn	City/State and Zip Code	TION S	CORPORATIONS 1 PM 1:25	
			to be used for future annual report notif	ication)	25	
For further	information c	oncerning this matter, please c	ail:		<u>`</u> n	
HECTOR (ORTIZ		904 674-4544 at ()			
	Name o	f Person		e Telephone Number	_	
Enclosed is	a check for th	ne 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 For Certificate of Strate Certified Copy (additional copy is	Status &	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
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 L	ny as it now appears on our records.	J.C.
The Articles of Organization for this Limited Liability Company Florida document number L15000093510 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:	FILEU FILEU OF STAI OI VISSION OF CORPORAT
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" GONZALO VIRGILIO ALVAI 10263 BEACH BLVD JACKSONVILLE FL 32246	#
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	City , Flo	rida 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

Title	Name	Address	Type of Action
AMBR	GONZALO VIRGILIO ALVAREZ	10263 BEACH BLVD JACKSONY I Ne FI . 3224	6 ■ Add
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Filing Fee: \$25.00