

L16000159265

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FL 32309-0001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OUTLET TO YOU 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:

MARIA C DELGADO

Name of Person

OUTLET TO YOU LLC

Firm/Company

13995 SW 144TH AVE SUITE 201

Address

MIAMI, FL 33186

City/State and Zip Code

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

For further information concerning this matter, please call:

ELADIA PIMENTEL

305 964-7772
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

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OUTLET TO YOU LLC

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>
MGR	VALENTINA PIMENTEL	13995 SW 144TH AVE	<input type="checkbox"/> Add
		SUITE 201	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	<input type="checkbox"/> Change
MGR	ELADIA PIMENTEL	13995 SW 144TH AVE	<input checked="" type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		MIAMI, FL 33186	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

15 OCT 18 AMT

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10 OF OCTOBER, 2016

Signature of a member or authorized representative of a member

MARIA C DELGADO

Typed or printed name of signee