L1600159265

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COVER LETTER

		NG ADDRESS:	STREET/COURIE	R ADDRESS:	
1	t is a check for th	e following amount: \$\square\$ \$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)	
	Name of	Person	Area Code Daytime	Celephone Number	
ELADIA	A PIMENTEL		at ()		
		oncerning this matter, please ca			
			to be used for future annual report notific	ation)	
			City/State and Zip Code	`	ن <u>-</u>
		MIAMI, FL 33186	C'- (0		ELT.OF DA
			Address		2 (T)
		13995 SW 144TH AVE SI		ځرين س	
Firm/Company					
		OUTLET TO YOU LLC		د	. Fo
			Name of Person	 	
		MARIA C DELGADO			
Please re	turn all correspor	ndence concerning this matter	to the following:		
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
SUBJE	CT:	Name of Lim	ited Liability Company		
		O YOU LLC			
TO:	Registration Sec Division of Corp				

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

OUTLET TO YOU LLC	•	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability of Florida document number L16000159265	Company were filed on 8/24/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TS:
(Principal office address MUST BE A STREET ADD	RESS)	S LEGIS
		4 形元
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning dearess MATT DE ATT OUT OF THE BOAY		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	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>	Name	Address	Type of Action
MGR	VALENTINA PIMENTEL	13995 SW 144TH AVE	Add
		SUITE 201	■ Remove
		MIAMI, FL 33186	Change
MGR	ELADIA PIMENTEL	13995 SW 144TH AVE	■ Add
		SUITE 201	☐ Remove—
		MIAMI, FL 33186	SECRETA ALLAHA Offenge
			□ Add Finds
			☐ Add
			☐ Remove
			☐ Change
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ective date, if other than the date of filing offective date is listed, the date must be specific and the lift the date inserted in this block does not returnent's effective date on the Department of S	d cannot be prior to neet the applicabl	date of filing or more		ling.) Pursuant to 605.02
record specifies a delayed effective on the 90th day after the record is filed.		an effective tin	e, at 12:01 a.	m. on the earlier
ed 10 OF OCTOBER	2016			
Signature of a	member or authori	red representative of	a member	
	J.			

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Filing Fee: \$25.00