

L17000100508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

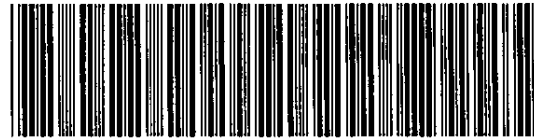
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PemiExpense, 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:

Michelle Rivera
Name of Person

Firm/Company

8362 Pines Blvd, Suite 417
Address

Pembroke Pines, FL 33084
City/State and Zip Code

CuteClassed, LLC@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Michelle Rivera at (954) 899-1951
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Remi Expose, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/05/2017 and assigned Florida document number L17000100508.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OUTCLASSED, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8362 Pines Blvd, suite 417

Pembroke Pines FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8362 Pines Blvd, suite 417

Pembroke Pines, FL 33024

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michelle A Rivera

New Registered Office Address:

8362 Pines Blvd, suite 417

Enter Florida street address

Pembroke Pines

City

Florida

Zip Code

2017 AUG 15
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TALLAHASSEE, FLORIDA

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President/MGR	Michelle Rivera	8362 Pines Blvd, suite 417	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/COO	Tamika Letts	8362 Pines Blvd, suite 417	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan Farney	8362 Pines Blvd, suite 417	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 August 9, 2017

Signature of a member or authorized representative of a member

Michelle Rivera
Typed or printed name of s