

L21000057345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

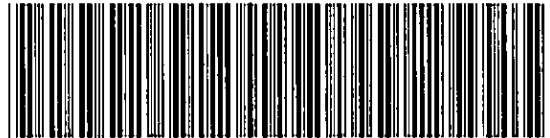
(Business Entity Name)

(Document Number)

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10/14/21

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2021 OCT -6 PM 12:40

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OUTLET WHOLESALE GROUP 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 J LEON GONZALEZ

Name of Person

OUTLET WHOLESALE GROUP LLC

Firm/Company

811 E DONEGAN AVE

Address

KISSIMMEE FL 34744

City/State and Zip Code

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

For further information concerning this matter, please call:

HECTOR J LEON GONZALEZ

407 8189779
at ()
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OUTLET WHOLESALE GROUP 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 FLORIDA and assigned
Florida document number L21000057345.

This amendment is submitted to amend the following:

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

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:

811 E DONEGAN AVE KISSIMMEE FL 34744

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

811 E DONEGAN AVE KISSIMMEE FL 34744

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALEJANDRO CASTILLO MEZA	14315 SWANLEY ST	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2021 OCT -6 PM 12:34
PULASKI COUNTY, ARK
RECORDED
INDEXED

2021 OCT -6 PM 12:41
SECRETARY OF DEFENSE
MAIL ROOM

SECRET
2021 OCT -6 PM 12:41
10/6/21 12:41 PM
SECRET

(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)

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 SEPTEMBER 03, 2021

Hector Leon Gonzalez
Signature of a member or authorized representative of a member

HECTOR J LEON GONZALEZ

Typed or printed name of signee

Filing Fee: \$25.00