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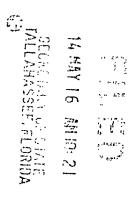
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

OHANA VICE 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:

CRISTIAN ALEXANDER

Name of Person

OHANA VICE LLC

Firm/Company

801 BRICKELL KEY BLVD SUITE 2205

Address

MIAMI, FL, 33131

City/State and Zip Code

NYJOHAN@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTIAN ALEXANDER

*_{....*305 \7768703}

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

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

OHANA VICE LLC

Filing Information

Document Number

L14000070029

FEI/EIN Number

NONE

Date Filed

04/30/2014

State

FL

Status

ACTIVE

Principal Address

485 BRICKELL AVENUE

4609

MIAMI, FL 33131 UN

Mailing Address

801 BRICKELL KEYBLVD UNIT 2205

MIAMI, FL 33131 UN

Registered Agent Name & Address

ALEXANDER, CRISTIAN L 485 BRICKELL AVENUE

4609

MIAMI, FL 33131

Authorized Person(s) Detail

Name & Address

Title MGR

ALEXANDER, CRISTIAN L 485 BRICKELL AVENUE UNIT 4609 MIAMI, FL 33131 UN

Title MGR

TEJERA, FABIOLA V 485 BRICKELL AVENUE UNIT 4609 MIAMI, FL 33131 UN

Annual Reports

No Annual Reports Filed

Document Images

04/30/2014 -- Florida Limited Liability

View image in PDF format

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHANA VICE LLC				
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)		
The Articles of Organization for this Limited l Florida document number L1400007002	Liability Company wer	re filed on 4/30/2014	and assig	ned
This amendment is submitted to amend the fol	lowing:		•	
A. If amending name, enter the new name	of the limited liability	company here:		
The new name must be distinguishable and end with the	e words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L	.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			14 33 T	~a yl s
	-		27	āij
Enter new mailing address, if applicable:				Pressure Pressure
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Mailing address MAY BE A POST OFFICE		777 C 2758	1 1 1	
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B. If amending the registered agent and registered agent and/or the new registered of		address on our records, <u>ent</u>	er the name of	the nev
The second secon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name of New Registered Agent:	JOHAN NUN	IEZ		
New Registered Office Address:	801 BRICKE	LL KEY BLVD SUITE 2	2205	
		Enter Florida street address		
	MIAMI	, Florida	33131	
		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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	·		□ Add
			Remove
			
			□ Add
			☐ Remove
	,	· 	
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			HASSE OF REMOVE 2
			Add
		-,	□ Remove
			☐ Remove

D. If amendin	ng any other information, ente	r change(s) here: (A	ttach additional shee	ts, if necessary.)
			 .	
				
(The effective	late, if other than the date of fi	o date of receipt or filed da	te and cannot be more tha	(optional) n 90 days after
the date this Dated O	document is filed by the Florida Depart	ment of State)		
-	Signature o	a member of authorized	representative of a memb	рет
	× .	_	Cristian	Alexander
-		Typed or printed nam	e of signee	

Page 3 of 3

Filing Fee: \$25.00

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