

13-15: 9: 4AM
L14000190791

1 / 4

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000265373 3)))



H150002653733ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC
Account Number : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
URIBITOS INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 NOV 13 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
FLORIDA

2015 NOV 13 A 9: 00

FILED

NOV 16 2015

S MASON

Electronic Filing Menu

Corporate Filing Menu

Help

11-13-15:09:14AM;

2/ 4

(H15000265373)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

URIBITOS INVESTMENTS LLC

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

2015 NOV 13 A 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

and assigned

The Articles of Organization for this Limited Liability Company were filed on 12/15/2014
Florida document number L14000190751

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

(H150002653733)

11-13-15:09:14AM;

3/ 4

AT AUTHORIZING 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	STELLA CHAVEZ	186 SE 12 TERRACE # 1201	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA MONICA ISABEL RIAÑO SANTOS	186 SE 12 TERRACE #1201	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 NOV 13 A 9:00

(H150002653733)

11-13-15;09:14AM;

4/ 4

2. To amend any other information, state change(s) here: (attach additional sheets, if necessary.)

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 11/13/2015

Mónica Liño
 Signature of a member or authorized representative of a member

MARIA MONICA ISABEL RIAÑO SANTOS
 Typed or printed name of signer

2015 NOV 13 A 9:00
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(H 15 000 265373 3)