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COVER LETTER

	gistration Sectivision of Corpo	
SUBJECT:	OHANA EI	N OCEANA USA LLC
SOBJECT.		Name of Limited Liability Company
The enclose	d Articles of Ar	mendment and fee(s) are submitted for filing.
Please retur	n all correspond	ence concerning this matter to the following:
		Gregory R. Fishman, Esq.
		Name of Person
		Gregory R. Fishman, P.A.
		Firm/Company
		2750 NE 185 St., Ste. 204
		Address
		Aventura, FL 33180
		City/State and Zip Code
		greg@grfpa.com E-mail address: (to be used for future annual report notification)
For further i	information con	cerning this matter, please call:
Gregory		305 792-6945
	Name of P	erson Area Code Daytime Telephone Number
Enclosed is	a check for the	following amount:
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

OHANA EN OCEANA USA 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 February 13, 2015 and assigned Florida document number _ L15000028172 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 end with 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to Edmply 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.

New Registered Agent's Signature, if changing Registered Agent:

City

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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marin Fernanda Portilla Balmori	2750 NE 185 Street, Suite 204	■ Add
		Aventura, FL 33180	Remove
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:	change(s) here: (Attach additional sheets, if necessary
Effective date, if other than the date of filing The effective date must be specific, cannot be prior to a the date this document is filed by the Florida Department.	ng:(optional) date of receipt or filed date and cannot be more than 90 days after ent of State)
Pated February 19	2015
	W/
Signature of a	a member or anilogized representative of a member
Gregory R. Fishman, Esq.	////
_ ·	Typed by printed name of signee

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Filing Fee: \$25.00

