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## **COVER LETTER**

Division of Corporations
JBJECT: ABlanco LLC  Name of Limited Liability Company
te enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Abda Blance Name of Person  ABlance LLC  Firm/Company  Address  Hi ami, H 33145  City/State and Zip Code  abance & acl. com  E-mail address: (to be used for future annual report notification)
t further information concerning this matter, please call:
Name of Person at (786) 213-4959  Area Code Daytime Telephone Number
closed is a check for the following amount:
\$25.00 Filing Fee

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

- ABlanco	LLC.	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	÷ 4
The Articles of Organization for this Limited Liability Company	were filed on 10-11-17	and assigned
Florida document number <u>11700021028</u> 1		6 : 17
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	. 10
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Jessica C	errato
(Principal office address MUST BE A STREET ADDRESS)	<u> 2111 SW 10</u>	0 St
	Hiami Fl	33145
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		<del> </del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ente</u> <u>e</u> :	r the name of the new
Name of New Registered Agent:	Joseica Cerr	ato
New Registered Office Address:	211 Sw 16 5 Enter Florida street address	t
	City . Florida _	33 \ 45 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

Title	<u>Name</u>	Address	Type of Action
MGA	Jassica Cerrat	0 2111 500 1654	Add
		- Hiami F1 3314	S_
			Change
MGR Ande	Abdel Blanco	2111 Sw 16 St	
		Hiami =1 33145	Remove
			□ Change
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(If an effective Note: 1	e date, if other the tive date is listed, the f the date inserted i nt's effective date of	date must be s in this block o	pecifi <mark>c a</mark> nd loes not m	cannot be pr neet the app	ior to date of licable stati	filing or more	than 90 days	after filing.) Pur	
the reco	ord specifies a c 90th day after t	delayed eff the record	ective d is filed.	ate, but r	not an eff	ective tin	ne, at 12:	01 a.m. on t	he earlier of:
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Page 3 of 3

Filing Fee: \$25.00