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S. WARREN AUG 2 2 2017

COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	OJEDA INVESTMENTS, LLC						
SOBJECT.		Name of Lim	ited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		JOHN S. BOHATCH					
	Name of Person						
		GUTTENMACHER, BOHATCH & PENARANDA, P.A.					
	Firm/Company						
	7301 SW 57th Court, Suite 560						
		Address					
	South Miami, FL 33143						
		City/State and Zip Code					
		E-mail address: (to be used for future annual report notific	cation)			
For further in	nformation co	ncerning this matter, please ca	all:				
JOHN S. BO	DHATCH		305 666-1040 at ()				
	Name of	Person	Area Code Daytime	Felephone Number			
Enclosed is a	a check for the	following amount:					
■ \$25.00 F	îling 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:

TO:

Registration Section

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**

OJED	DA INVESTMENTS, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L04000090089	Company were filed on December 13, 2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADD	DRESS)	
Saton = 200 m 2015 = 2 ddu 200 fe		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad-	istered office address on our records, ent	er the name of the
egistered agent and/or the new registered office ad	aress nere:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	-
	Florida	Zip Code

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
MGRM	ROGELIO OJEDA, TRUSTEE	50 BISCAYNE BLVD	
		UNIT #1806	■ Remove
		MIAMI, FL 33132	
MGRM	LUISA OJEDA, TRUSTEE	50 BISCAYNE BLVD	
		UNIT #1806	
		MIAMI, FL 33132	□ Change
MGR	ROGELIO OJEDA	50 BISCAYNE BLVD	■ Add
		UNIT #1806	☐ Remove
		MIAMI, FL 33132	
MGR	LUISA OJEDA	50 BISCAYNE BLVD	Add
		UNIT #1806	□ Remove
		MIAMI. FL 33132	□ Change
			□ Remove
			Change
			DAdd
			2: Change

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fective date, if other than to the effective date is listed, the date in this listed. The date in this cument's effective date on the record specifies a delay the 90th day after the record specifies.	e Department of State's for	e applicable statutor records.	y filing requirem	ents, this date	e will not b	e listed as
ted August 15	201	7				
	Man 1	Marka	- · h_		17	
7	Signature of a myimber	or authorized represent	stative of a membe	r :	AUG 21	7
 	Typed	or printed name of sig	nee	<u>·</u>	<u> </u>	
					<u> </u>	
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Filing Fee: \$25.00