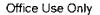
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COVER LETTER

OAKLANE) 36 TTC		
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Richard J. Delgado. Esq.		
	rrienard 7. Deigado. Esq.	<u> </u>	
		Name of Person	
	Delgado & Delgado, P.A.		
		Firm/Company	
	18590 NW 67TH AVE, Su	ite 200-A	
		Address	
	HIALEAH, FL 33015		
		City/State and Zip Code	· · · · · · · ·
	rjdlaw l@gmail.com	Chy/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Richard J. Delgado, Esq.		786 363-4200	
Name of Person		at ()	Telephone Number
, tunic o		, and code Baymine	- topicio i dinoci
mulius to the or	C-11		
Enclosed is a check for th	-	7 **** *******************************	7 0 00 00 27777
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	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

OAKLAND 36, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{2}$	/14/2007 and assigned
Florida document number 1.07000083591	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u></u>
The new name must be distinguishable and contain the words "Limited Liability Company," the do	esignation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	to granton and to the angle and and the
(Principal office address MUST BE A STREET ADDRESS)	
	-1
Enter new mailing address, if applicable:	4 5
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the i
Name of New Registered Agent:	
New Registered Office Address: Enter Flore	ida street address
	, Florida Zip Code
	7 in 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, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Roberto Blanco Trustee of Blanco Family Trust dated 7/13/16	P.O. BOX 4548	
		Hialeah, FL 33014	Add
			□ Remove
			■ Change
	Robert A. Blanco	P.O. BOX 4548	Change
MBR		—	Add
		Hialeah, FL 33014	
		-	Remove
			Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change

F. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and camete be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 the 90th day after the record is filed. Dated August 2. 2019. Signettific of a member accountable procedure of a member		
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Signature of a member at authorized representative of a member	Dated	August 2. 2019.
Signature of a member ar authorized representative of a member		
		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00