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DIVISION OF CURPERATION 26

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COVER LETTER

SUBJECT:						
SUBJECT: BLANCO-HIDALGO HOLDING LLC Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.				
Please return all corresp	oondence concerning this matter	r to the following:				
	Jay R. Tome, Esquire					
Jay R. Tome P.A.						
	Firm/Company					
15500 New Barn Road, Suite 104						
	Address					
Miami Lakes, Florida 33014						
City/State and Zip Code						
	DRIAMON TO					
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:				
	risell Martinez	at (_305)	403-0125			
Name	of Person	Area Code & Da	ytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) Set 100 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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 ARTICLES OF ORGANIZATION **OF**

DIVISION OF

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BLAN	CO-HIDALG	O HOLDING	LLC		
(Name of the Limited	Florida Limited I	i ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L Florida document numberL-0800004		were filed on	05/09/2008	and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:	P.O. Box 4548				
(Mailing address MAY BE A POST OFFICE	Miami, Florida 33014				
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:	Jay R. Tome, Esq.				
New Registered Office Address:	15500 New Barn Road, Suite 104				
		Ent	ter Florida street add	ress	
	M	liami Lakes	, Florida	33014	
	City		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	1			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Name Address** Type of Action MGRM Mercedes Blanco 16561 NW 82nd Place ☐ Add Miami Lakes, Florida 33016 **√** Remove MGRM Roberto Blanco 16561 NW 82nd Place ✓ Add Miami Lakes, Florida 33016 ☐ Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Novemba 2010 Signature of a member or authorized representative of a member Roberto Blanco Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00