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COVER LETTER

Registration Section Division of Corporations

TO:

BLANCO- SUBJECT:	HIDALGO HOLDING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard J. Delgado, Esq.		
		Name of Person	
	Delgado & Delgado, P.A.		
		Firm/Company	
	18590 NW 67TH AVE, Si	nite 200-A	
		Address	
	HIALEAH, FL 33015		
	rjdlaw l@gmail.com	City/State and Zip Code	_
		to be used for future annual report n	etification)
For further information c	oncerning this matter, please c	all:	
Richard J. Delgado, Esq.		786 363-4200 at ()	
Name o	f Person		ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLANCO-HIDALGO HOLDING LLC		
(<u>Name of the Limited I</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L08000046863	lity Company were filed on 05/09/2008	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
		र्षा ।
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	0
	971 · 1	
-	, Florida	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

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

	ending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated :	August 2.2019
	Signature of a member or authorized representative of a member
	Richard Selgado, Esq.

Page 3 of 3

Filing Fee: \$25.00