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COVER LETTER _

TO: Registration Section Division of Corporations
SUBJECT: Orteboj, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa P. Lanza, Esq. Name of Person
Melissa P. Lanza, P.A. Firm/Company
104 Crandon Blvd. Suite 420Address
Key Biscaye, Fl 33149 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa P. Lanza, Esq. at (305) 361-0997 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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**

FILED

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	ORTEBOJ, LLC	SECNET	ARY GESTATO
(Name of the Limite	ORTEBOJ, LLC d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.AHA	SSEE, FLORIDA
The Articles of Organization for this Limited I	Liability Company were filed on	May 13, 2012	and assigned
Florida document numberL1100005			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	.		
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addr	ess
		, Florida	
	City		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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Francisco Ortega	5621 Orduna Drive Coral Gables, FL 33146	Add Remove
MGR	Jorge Diaz	5621 Orduna Drive Coral Gables, FL 33146	✓ Add ☐ Remove
			Add Remove
			AddRemove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if nece	ssary.)
			F 1 12 MAR 2: SECULLIANAS
——Oated	March 15 ,	2012	ILED 23 PM 1: 160 SSEE FLORIDA
	Signature of a me	omber or authorized representative of a member	
	<u> </u>	Pedro Boj yped or printed name of signee	
	-	y:	

Page 2 of 2

Filing Fee: \$25.00