

212000039972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

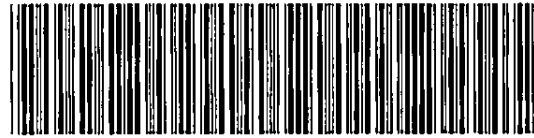
(Business Entity Name)

(Document Number)

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SEP 25 18  
DIVISION OF REGISTRATION  
18 SEP 25 AM 8:04

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SEP 28 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OLILUG 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:

NINOTCHKA HECHT

\_\_\_\_\_  
Name of Person

JUST HIGH TECH CORP

\_\_\_\_\_  
Firm/Company

10544 NW 26TH ST STE E-204

\_\_\_\_\_  
Address

DORAL FL 33172

\_\_\_\_\_  
City/State and Zip Code

asistentemiami@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ninotchka Hecht

786 762-2048

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:

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**

OLILUG LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/21/2012 and assigned  
Florida document number L12000039972.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

n/a

New Registered Office Address:

Enter Florida street address

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 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>	<u>Type of Action</u>
MGR	MARIA JOSEFINA OLIVARES LUGO	2330 NW 102 AVE BAY 2	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
	ALEXIS ANTONIO OLIVARES LUGO		<input type="checkbox"/> Change
AMBR	OLIVARES LUGO	2330 NW 102 AVE BAY 2	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
	FELIX JESUS OLIVARES LUGO		<input type="checkbox"/> Change
AMBR		2330 NW 102 AVE BAY 2	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
	EUSEBIO SIMON OLIVARES LUGO		<input type="checkbox"/> Change
AMBR		2330 NW 102 AVE BAY 2	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
	JOSE GREGORIO OLIVARES LUGO		<input type="checkbox"/> Change
AMBR		2330 NW 102 AVE BAY 2	<input type="checkbox"/> Add
		DORAL FL 33172	<input checked="" type="checkbox"/> Remove
	CARMELO EDUARDO CARACCILO CHAVEZ		<input type="checkbox"/> Change
AMBR		9721 NW 7TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated September 20, 2018

Signature of a member or authorized representative of a member

Mirtha Olivares Lugo

Typed or printed name of signee