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(City/State/Zip/Phone #)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OCOT HOLOWAS LLC Name of Edmited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christophe L. Difaico  Name of Person
DIFAICO & Fernandez, LUP Firm/Company
777 Brickell Ave, Ste 1850
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 569-9800  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)  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**

(Name of the Limited Liability Companion (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1200159057.  This amendment is submitted to amend the following:	were filed on 12/20/2012 and assigned
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	FFF Brickell Ave Ste 630 Miami if 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 Brichell Ave 512 630 Miami IF 33131
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
	Brichell Me, STE 630  Enter Florida street address
	City , Florida 33131  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

Page Lof 3

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
MER	DHalcoffernancez LLP	. 777 Brickell Ave Steles	Add
		Mami, fl 33131	Remove
MBR	<u>G&amp;G Management US</u> We	- 9130 5. Dadeland Blud	Add
		Mami, fr 33156	Remove
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İfaı	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	June 4 2020/11
	Signature of a member of authorized representative of a member  Difficulty  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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