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çe.		EW ENTERPRISES, LLC	· · · · · · · · · · · · · · · · · · ·	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LINDA SILVA		
			Name of Person	
		OHANA NEW ENTERPR	ISES, LLC	
			Firm/Company	
		2965 OCEANS TRACE		
			Address	
		DAYTONA BEACH, FL	32118	
			City/State and Zip Code	
		LINDASILVA@CFL.RR.C		
		E-mail address: (to be used for future annual report notifi	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
LIND	A SILVA		386 451-2932 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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

OHANA NEW ENTERPRISES, 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 FEB. 7, 2013 and assigned Florida document number L13000019853 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." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

. 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>	Name	<u>Address</u>	Type of Action
MGR	DANIEL K.M. SILVA	2965 Oceans Trace, DAB, FL 3211	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
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			□ Remove
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ective date, if other than the effective date is listed, the date must	date of filing: Feb. 28,		(optional)	
te: If the date inserted in this blo	ock does not meet the app	olicable statutory filing	ore than 90 days after filing. g requirements, this date) Pursuant to 605.0 will not be listed
ument's effective date on the De	epartment of State's recor	ds.		
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record specifies a delayed he 90th day after the reco	leffective date, but ord is filed.	not an effective t	ime, at 12:01 a.m.	
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Filing Fee: \$25.00