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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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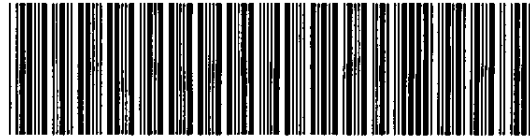
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

OZ Franchise, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan M. Perez Rodriguez
Name of Person

OZ Franchise, LLC
Firm Company

1623 Collins Avenue Unit 218
Address

Miami Beach, FL 33139
City/State and Zip Code

usa.mperez@gmail.com

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

For further information concerning this matter, please call:

Juan Miguel Pérez

Name of Person

at (305)

Area Code

877-4096

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
of PCH

☐ \$50.00 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

OZ Franchise, 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 06/04/2013 and assigned
Florida document number L1300082085.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1623 Collins Avenue
Unit 218
Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1623 Collins Avenue
Unit 218
Miami Beach, FL 33139

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:

Juan M. Perez Rodriguez

New Registered Office Address:

1623 Collins Avenue Unit 218
Enter Florida street address
Miami Beach Florida 33139
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Paul Fontecilla	900 Brickell Key Blvd	☐ Add
		#1805	☒ Remove
		Miami, FL 33131	
MGR	David Gallardo Tobarra	900 Brickell Key Blvd	☐ Add
		#1805	☒ Remove
		Miami, FL 33131	
MGR	Xavier Ruiz Rodriguez	900 Brickell Key Blvd	☐ Add
		#1805	☒ Remove
		Miami, FL 33131	
MGR	Yamila Soledad Gonzalez	1623 Collins Ave	☒ Add
		Unit 218	☐ Remove
		Miami Beach, FL 33139	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/19/2014

Signature _____
Signature of authorized representative of a member

Juan Miguel Pérez Rodriguez

Typed or printed name of signer

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Filing Fee: \$25.00

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