13 000092173

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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	Office Use On	lv

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J SHIVER:



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TO: Registration Se	1 ** +		
Division of Cor			
Blanco Fan	illy Holdings VI, LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Oscar Delgado		
	Oscar Dogan	Name of Person	NEXA SINGLE
	Delgado & Delgado, PA		
		Firm/Company	
	14160 NW 77 Ct, #33		
		Address	ny ny sama ny sama ny sama ny sama na amin' a
	Miami Lakes, FL 33016		
		City/State and Zip Code	
	ojdlaw@gmail.com	be used for future annual report not	(feation)
For further information c	oncerning this matter, please cal		neuxon j
Oscar Delgado			
	f Person	_at()	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.
Registr	ING ADDRESS: ation Section of Corporations	STREET/COUR Registration Secti Division of Corpo	on
P.O. B	ox 6327 issee, FL 32314	Cliffon Hullding 2661 Executive C Tallahassee, FL 3	enter Circle

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ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

Blanco Family Holdings VI, LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I	ny as it now appears on our records.) Sability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000092173</u>	were filed on <u>6/11/2013</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	Ν/Λ
(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 of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>

Name of New Registered Agent: N/A			15 AU
New Registered Office Address:		SS.	C
	Enter Florida street address Florida	Tor s	
	Ciņr	No Cal	n (1997)
New Registered Agent's Signature, if changing Registered Ag	ent:	್ಷ-೧೯೯೬ ಕಿತ್ರ	1

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

f.

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records: è

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	Mario Pino, Trustee	3 Circle Drive, Hialeah, FL 33010	Add
		·····	
			Change
			🛛 Add
			C Remove
			Change
			D Add
			Remove
			Change
			D Add
			Remove
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an a second second second			bbA 🛛
			Remove
			O Change
	<u> </u>		O Add
			C Remove
			Change

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

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N/A	
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ive data, if other than the data of filing:	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Aug	ust 14	Ł. 2015 (.	anno	
Ro	signature berto	of a member or authorized a Blance Typed or printed name	ĺ	r

Filing Fee: S25.00