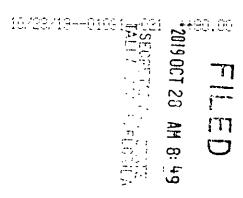


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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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# **COVER LETTER**

BJECT:	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	Roberto Blanco		
	_	Name of Person	
	BLANCO FAMILY HOLI	DINGS VELLC	
		Firm-Company	
	P.O. Box 4548		
		Address	
	Hialeah, Fl 33014		
		City/State and Zip Code	<del></del>
	rita@franklinlaw.com		
	E-mail address: (t	to be used for future annual report notif	ication)
r further information o	oncerning this matter, please ca	111:	
oberto Blanco		305 606-0388	
Name o	f Person	Area Code Daytime	Telephone Number
closed is a check for t	ne 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 of Certified Copy (additional copy is enclose

### MAILING ADDRESS:

Registration Section

TO:

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

BLANCO FAMILY HOLDINGS VI, 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 06/26/2013 and assigned Florida document number \_\_\_\_\_\_1300092173 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 frame of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: B 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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

 $(1,1,\dots,1,n) = \frac{1}{n} (1,n) = \frac{1}{n} (1,n)$ 

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Pino, Mario, Trustee	3 Circle Drive, Hialeah, Fl 33010	
			■ Remove
			☐ Change
AMBR	Roberto Blanco, Trustee of thee Blanco Family Trust dated	18590 NW 67 Ave, # 200-A, Hialeah, Fl 33010	<b>■</b> Add
			☐ Remove
			☐ Change
			☐ Remove
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Effective date, if other than the office office of the date in serted in this bedocument's effective date on the factorial of	lock does not m	eet the applicab	date of filing or more le statutory filing	(Opt re than 90 days after requirements, th	ional) ir filing.) Pursuant to is date will not be	605,0207 ( listed as t
ne record specifies a delaye The 90th day after the re		ate, but not a	an effective ti	me, at 12:01	a.m. on the ea	ırlier of:
Dated August 15		2019				
	·		. •			
	1/200	Fine)				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00