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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT:	OLIO D' ORO LLC Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	TZolando Exposito Name of Person	
	OLIO D'ORO Firm/Company	
	T in Decompany	
	3600 SW 58CT	
	MIAMI, FL 33155	
	City/State and Zip Code Liquid gold-a Merica yahoo. E-mail address: (to be used for future annual report notification)	cor
For further information cone	cerning this matter, please call:	
Tolano Name of Pe	0 Exposito a (786) 378-9426	
Enclosed is a check for the t	following amount:	
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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

OLIO D'OR	20 LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LIHOOOIIO3</u> 72	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Limited Lia	ability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	SECRE ARY OF STATE OF
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	4	<u>Address</u>		Type of Action
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Signature of a member for authorized representative of a member	·	
Dated		
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he date this document is filed by the Florida Department of State) Pated		
Dated 9/10 , 2014.		
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	the date this document is filed by the Florida D	ı al) er
Rolando Exposito	the date this document is filed by the Florida D	n al) er

ECRETARY OF STALLAHASSEE, FLOR

Page 3 of 3

Filing Fee: \$25.00