## L14000 117370

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SECRETARY OF STATE

K. SALY MAR - 6 2017

## COVER LETTER

то:		istration Sec sion of Corp						
SUBJE		OMAFEJ, LLC						
SUBJE	CI;	Name of Limited Liability Company						
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please r	eturn	all correspon	dence concerning this matter	to the following:				
			CHRISTIAM CARDENA	S, ESQ.				
				Name of Person	<del> </del>			
			LOUIS A. SUPRASKI, P.	A.				
		2450 NE MIAMI GARDENS DR. 2ND FLOOR						
			Address	· .				
		MIAMI, FL 33180						
			SUPRASKI@SUPRASKILAW.COM					
				to be used for future annual repor	notification)			
For furth	her in	formation cor	ncerning this matter, please ca	all:				
LOUIS	A. SI	JPRASKI, ES	SQ.	305 792-006	50			
		Name of I	Person		ytime Telephone Number			
Enclose	d is a	check for the	following amount:					
\$25.	.00 Fi	ling 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**

2017 MAR -3 PM 2:55

OMAFEJ, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida l	Limited Liability Company)	FLORIDA
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/25/2014	and assigned
Florida document number L14000117370	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRI	ESS)	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	_
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
<del> </del>	Enter Florida street address	
	, Flori	ida Zip Code
	*	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change	mplete performance of my duties, and ent as provided for in Chapter 605, F I office address, I hereby confirm that	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

وجيت

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JUAN ROCA	2450 NE MIAMI GARDENS DR.	<b>=</b> Add
		2ND FLOOR	Remove
		MIAMI, FL 33180	Change
			Add
			Remove
			Change
			Enange Change
			Add Remova
			Change
			□ Remove
	·		☐ Change
		<u> </u>	□ Remove
			Change

	<del></del>
	<u> </u>
	<del></del>
(If an o	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	FEBRUARY 27 , 2017 .
Date	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00