114000141559

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500279963915

12/14/15--01059--010 **30.00

15 DEC 14 PM 3: 17

DEC 1 5 2015 Y SULKER

COVER LETTER"

TO:	Registration Se Division of Cor					
cup u	SCHEBLA					
SUBJE	ECT:	Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are submitted for filing.				
Please	return all correspo	ndence concerning this matter to the following:				
		JORGE SCHEGGIA				
		Name of Person				
		SCHEBLAN LLC				
		Finn/Company				
		20 Island Avenue APT 1407				
		Address				
		Miami Beach / Florida 33139				
		City/State and Zip Code				
		sscheggiaa@gmail.com				
		E-mail address: (to be used for future annual report notification)				
For fur	ther information co	oncerning this matter, please call:				
JORGI	E SCHEGGIA	305 9849883 at ()				
	Name of					
Enclos	ed is a check for th	ne following amount:				
□ \$2:	5.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &			

MAILING ADDRESS:

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

	SCHEBLAN LLC	
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000141559	Company were filed on September 10, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or re	·	the name of the
egistered agent and/or the new registered office a	ddress here:	CI4
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	S 3: 0
	. Florida	I.
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Albany Blanco	4850 NW 108 PL, Doral	
		Florida, 33178	■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Charge SSS Add
			Remove 7
			☐ Change
		- <u>.</u>	Add
			☐ Remove
			Change
			☐ Add
			Remove
			Change

' · · · · · · · · · · · · · · · · · · ·					
					
					弄 。 5
	-			_: ,	DEC
					<u> </u>
					3SS PACY 1-1
		••		·	TO 10
					F150 (3
					9810 9810
					— > −
			1		
<u> </u>	· · · ·				
					· · · · · · · · · · · · · · · · · · ·
		D 16	3015		
tive date, if other than the da	te of filing:	December 15,		(option	nal)
ffective date is listed, the date must be If the date inserted in this block					
ment's effective date on the Depar			c statutory ming i	equirements, tins	date will not be its
ecord specifies a delayed et	factive dat	te but not :	n offactive tin	no at 12:01 a	m on the earli
e 90th day after the record		ic, but not a	ii enective tili	ic, at 12.01 d.	iii. Oii tiic calli
•	1				
	1011	2015			
December 07	וו חען		•		
December 07	- 				
d December 07					
December 07		mhar or authoris	ed representative of	a mambar	

Page 3 of 3

Filing Fee: \$25.00