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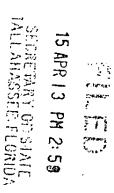
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Div	ision of Corpo	rations		
SUBJECT:	THE OMB	U, LLC		
SUBJECT.		Name of Limit	ed Liability Company	
The enclosed	d Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter to	o the following:	
		ALVARO CASTILLO		
			Name of Person	<del></del>
		CASTILLO & ASSOC	CIATES	
			Firm/Company	
		1390 BRICKELL AVI	ENUE SUITE 200	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		alvaro@alvarocastillo		
		E-mail address: (t	o be used for future annual report notificati	on)
For further i	nformation cor	ncerning this matter, please ca	dl:	
Alvaro C	astillo		305 371-5540	
	Name of I	Person	Area Code Daytime Te	lephone Number
Enclosed is	a check for the	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 & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

THE OMBU, LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com	npany were filed on 03/20/2015	and ass	signed
Florida document number L15000049546			
Torida document namoor			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
		_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
intuing utitiess may be A 1 031 Of Tice Bonj			
B. If amending the registered agent and/or register	rad office address on our records enter	r the name	of the new
registered agent and/or the new registered office address		- i	
	<del></del>		<b>&gt;</b>
N. CN. B. L. LA.		- F	0 1
Name of New Registered Agent:		- <del>(S. ).</del> - <u>- C</u>	) (FIRE
New Registered Office Address:			<u> </u>
	Enter Florida street address	CONTRACTOR	greensta
	. Florida	S174 S174 S174	Sound
<del></del>	City	Ztp Colle	

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FERNANDO JARAMILLO	3110 W 84TH ST UNIT NO 9	
		HIALEAH, FL 33018	□ Remove
MGR	DIANA C. JARAMILLO	3110 W 84TH ST UNIT NO 9	
		HIALEAH, FL 33018	■ Remove
<del></del>			Add Remove
			Add  SS 57  Remove
			SS PH
	·		□ Remove

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del> ,	
(The effective	date, if other than the date of filing:
Dated	4/07/15
	(Jacks)
	Signature of a member of authorized representative of a member
	DIANA C. JARAMILLO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 APR 13 PH 2:59
SECRETARY DESIGNE
DALLAHASSEEL FUNDIN