

U50005'1545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000278410710

000278410710

10/26/15--01030--018 \*\*25.00

FILED  
15 OCT 26 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 27 2015

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOJALORE LLC.  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIANO BEZIMANE

(Contact Person)

HOJALORE LLC.

(Firm/Company)

7545 EAST TREASURE DRIVE 4W

(Address)

NORTH BAY VILLAGE, 33141.

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy DUVAL

(Name of Contact Person)

at ( 786 ) 5437036

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
15 OCT 26 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
(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 04/01/2015 and assigned Florida document number 215000057565.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7545 EAST TREASURE DR #44

NORTH BAY VILLAGE FL

33141

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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

WENDY DUNN DUNN

New Registered Office Address:

7545 EAST TREASURE DR #44

Enter Florida street address

NORTH BAY VILLAGE

Florida

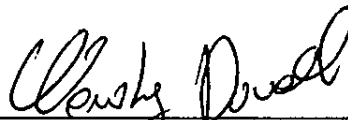
33141

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUILLERMO BLEIZER	325 OCEAN DR #203	<input type="checkbox"/> Add
		MIAMI BEACH, FL, 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
NO FORN DISSEM  
DATE 10-26-93  
BY SP-6 JLD/STW

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are two small, faint marks that appear to be staple holes or punch marks. The rest of the page is completely blank, with no text or other markings.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional).


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

Dated OCTOBER 22, 2015

  
Signature of a member or authorized representative

EDWARDS GOLDSTEIN

Typed or printed name of signee

FILLED  
OCT 26 PM 5:02  
REPT BY SP-11  
ARISE