## 115000062522

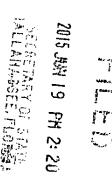
(	Requestor's Name)
(	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	Document Number)
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## **COVER LETTER**

FO: Registration S  Division of Co			
CUDIECT.	GENTE D ZONA, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		HIRAM OCARIZ	
		Name of Person	
		OGH LLLP	
		Firm/Company	
	999 PONCE	DE LEON BLVD., SUITE 6	50
		Address	
	CORA	AL GABLES, FL 33134	
		City/State and Zip Code	
		RIZ@OGHCPA.COM to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	·	
		305 444-8838	
Name	of Person		Telephone 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 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

	GENTE D 2	ZONA, LLC				
( <u>Name of the Limite</u>	d Liability Compar A Florida Limited L	y as it now appears on our iability Company)	records.)			
The Articles of Organization for this Limited Lia	ability Company	were filed on		ar	ıd assig	ned
Florida document numberL15000062522	·					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designat	on "LLC" or the	abbrevia	tion "L.L	.C."
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET ADDRESS) 999 PONCE DE LEON BLVD., S				)., SUI	ΓE 650	)
		CORAL GABLES,	FL 33134			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE E	2OX)	999 PONCE DE L	EON BLVE	)., SUI	ΓE 650	)
		CORAL GABLES,	FL 33134			
B. If amending the registered agent and/oregistered agent and/or the new registered off	r registered off ice address here	ice address on our r :	ecords, <u>ente</u>	r theon:	am <del>ico</del> of	the new
Name of New Registered Agent:	OGH LLLP				19	PERSONAL PROPERTY.
New Registered Office Address:	999 PONCE	DE LEON BLVD.,		70 kg 18	₹	177
		Enter Florida street		٥	Ŋ	
	CORAL GAE		, Florida 🧵	33134	20	<u>_</u>
		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

Page 1 of 3

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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	The Hackar Law Firm PA	8100 Oak Lane, Suite 401	🗆 Add
<del></del>		Miami Lakes, FL 33016	Remove
MGR	Alexander D. Hernandez	8100 Oak Lane, Suite 401	
		Miami Lakes, FL 33016	Remove
AMBR	Alexander D. Hernandez	999 Ponce de Leon Blvd., Suite 650	■ Add
		Coral Gables, FL 33134	Remove
			Egemove
		\$0 \$0 \$0 \$0	2 To F
		7. 83.1	□ Remove
			Add
			□ Remove

If amending any or	er information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date if of	er than the date of filing: (optional)
The effective date must	e specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
Dated	June 12 , 2015
	Signature of a member or authorized representative of a member
	ALEXANDER D. HERNANDEZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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