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(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration Se Division of Cor			
CUD IPCT	OROITE	II LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JANICE CAYON	
		Name of Person	
	BLACKLED	GER ENTITY MANAGEMENT	
		Firm/Company	
	2330	PONCE DE LEON BLVD	
	-	Address	<u> </u>
	CORAL	GABLES, FLORIDA 33134	
		City/State and Zip Code	
		ON@FLORIDACPA.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
JANICE	CAYON	305 444-8800 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

OROITE	II LLC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records, enter the name of the new ress here:
New Registered Office Address	Enter Florida street addiress
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and of accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605. F.S. Or. if this document is ed office address. I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	MIGUEL ANGEL ORTEGA ARRELL	A ga 2330 PONCE DE LEON BLVD	₽ Add
		CORAL GABLES, FLORIDA 331	☐ Remove
			□ Change
MGR	MARIA TERESA ECHEVERRIA DE ORIEGA	2330 PONCE DE LEON BLVD	■ Add
		CORAL GABLES, FLORIDA 331	☐ Remove
			□ Change
MGR	MARIA EUGENIA ANGULO DE ORTEGA	2330 PONCE DE LEON BL.VD	■ Add
		CORAL GABLES, FLORIDA 331	□ Remove
			□ Change
MGR	MIRTHA GRACIELA MORINIGO DE ORTEGA	2330 PONCE DE LEON BLVD	Add
		CORAL GABLES, FLORIDA 331	□ Remove
			Change
MGR	MARIA VERONICA ORTEGA MORINIGO	2330 PONCE DE LEON BLVD	B Add
		CORAL GABLES, FLORIDA 331	□ Remove
			Change
MGR	Miguel Augel Ortega Morinigo	2330 PONCE DE LEON BLVD	■ Add
		CORAL GABLES, FLORIDA 331	□ Remove
		-	Change
			(TT) Lucianista

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>	Address	Type of Action
MGR	GONZALO ORTEGA ANGULO	2330 PONCE DE LEON BLVD	
		CORAL GABLES, FLORIDA 331	□ Remove
			□ Change
MGR	BRUNO ORTEGA ANGULO	2330 PONCE DE LEON BLVD	Add
		CORAL GABLES, FLORIDA 331	□ Remove
			Change
MGR	LUIS ORTEGA ANGULO	2336 PONCE DE LEON BLVD	Add
		CORAL GABLES, FLORIDA 331	☐ Remove
			Change
MGR	LUCIANA ORTEGA MORINIGO	2330 PONCE DE LEON BLVD	Add
		CORAL GABLES, FLORIDA 331	□ Remove
			□ Change
MGR	AGUSTINA ORTEGA ECHEVERRIA	2330 PONCE DE LEON BLVD	□ Add
		CORAL GABLES, FLORIDA 331	□ Remove
			□ Change
MGR	Paula Ortega Augulo	2330 PONCE DE LEON BLVD	⊒ Adđ
	, ,	CORAL GABLES, FLORIDA 331	☐ Remove
			Change

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an effective dat	, if other than the of the is listed, the date must	he specific and can	not be prior to date of	f filing or more than	(optiona 90 days after filin	g.) Pursuant to 605.0
lote: If the di locument's eff	ite inserted in this blo fective date on the De	ck does not meet partment of State	the applicable states 's records.	utory filing requi	rements, this du	e will not be listed
e record sp The 90th c	ecifies a delayed lay after the reco	effective date	, but not an ef	fective time, a	et 12:01 a.m	. on the earlier
	,		[[] [1		
Dated	07/23/2015			1		
				<i>:</i>		D 3
		signature of a mem	her or anthorped rep	presentative of a me	mber	(2) (2)
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_		Luis	11/100	٢		

Page 3 of 3