## LIU000063315

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CORETARY OF STATE

APR 29 2016

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	Registration Sec Division of Corp					
CUDIEC	OLIVE WOOD TOOLS, LLC					
SUBJEC	1;	Name of Lim	ited Liability Company	·		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspoi	ndence concerning this matter	to the following:			
		LUIS M POYATO MOLI	NA			
			Name of Person			
		USA GESTIONES, LLC				
Firm/Company						
	1900 N BAYSHORE DRIVE, STE. 3515					
	Address					
		MIAMI, FLORIDA 33132	2			
	City/State and Zip Code					
		LIW53@HOTMAIL.COM	to be used for future annual report notif	(action)		
For further	er information co	oncerning this matter, please ca	·	(cauon)		
LUIS M POYATO MOLINA 305 9656948						
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 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

OLIVE WOOD TOOLS, LLC

(Name of the Limited Liability Com (A Florida Limite	npany as it now appear:	rs on our records.)	_
(A Florida Limite	ed Liability Company)	-	
e Articles of Organization for this Limited Liability Compa	iny were filed on $\frac{03/3}{2}$	/30/2016 and	assigned
orida document number L16000063315			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited li	ability company he	<u>ere</u> :	
new name must be distinguishable and contain the words "Limited Lie	ability Company," the do	esignation "LLC" or the abbreviation	"L.L.C."
ter new principal offices address, if applicable:		7941-876-0	
<u>incipal office address MUST BE A STREET ADDRESS)</u>		**************************************	
	<del>.</del>		
ter new mailing address, if applicable:	<del></del>		
ailing address MAY BE A POST OFFICE BOX)	<del></del>		<del></del>
If amending the registered agent and/or registered	office address on	our records onter the new	a of the nov
istered agent and/or the new registered office address h		our records, chief the han	ic of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	rida street address	
		, Florida	
. D	•	Zip Coa	de
ereby accept the appointment as registered agent and a	gree to act in this c ete performance of t	my duties, and I am familiar v	with and
ovisions of all statutes relative to the proper and comple cept the obligations of my position as registered agent a ing filed to merely reflect a change in the registered offi-	is provided for in C	by confirm that the limited_liab	ocument is pility
cept the obligations of my position as registered agent a	is provided for in C	by confirm that the limited liab	polity
cept the obligations of my position as registered agent a ing filed to merely reflect a change in the registered office	is provided for in C	by confirm that the limited_liab	polity
New Registered Office Address:  w Registered Agent's Signature, if changing Registered Agenter of the appointment as registered agent and a	Enter Flori City <b>nt:</b> Igree to act in this c	rida street address, Florida Zip Coe capacity. I further agree to coe my duties, and I am familiar y	mply w with an

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDREINA GOICOECHEA	1900 N BAYSHORE DR. STE. 351.5	<b>■</b> Add
	,	MIAMI, FLORIDA 33132	☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
	Workstate		Add
			☐ Remove
			Change
			Add
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		SEE FLORI	28
			. □ Change

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		Market Market Control of the Control				
ective date, if other than the date	e of filing;		(	optional)		
n effective date is listed, the date must be stee. If the date inserted in this block of	loes not meet the a	ipplicable statutory fi	r more than 90 days Ting requirements	after filing.) , this date v	Pursuant to will not be	605.020 listed a
cument's effective date on the Depart	ment of State's rec	ords.				
			e time at 12:0	)1 a m . c	n the er	arlior o
record specifies a delayed eff	ective date hu	t not an effectiv		JI Gilli C	on the ec	arner c
record specifies a delayed eff he 90th day after the record	ective date, bu is filed.	it not an effectiv	e ame, at 12N			
he 90th day after the record	is filed.	it not an effectiv				
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he 90th day after the record	is filed.	it not an effectiv				
the 90th day after the record ed MAY IST	is filed.	r authorized represental	·		7.7	···
the 90th day after the record ed MAY IST	2016 . ature of a member or	·	·	MUNCO.	18 APR	
Sign	is filed.  2016  2016  ature of a member of	·	ive of a member	YBATARY : YARASE!	85 Hdv gt.	

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