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Business Entity Name)
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Certificates of Status
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## **COVER LETTER**

Divi	ision of Corpo	orations					
SUBJECT:	OCHO BLAN	VCO, LLC					
Sebjecti		Name of Limit	ed Liability Company				
The enclosed	l Articles of Ar	mendment and fee(s) are subm	nitted for filing.				
Please return	all correspond	lence concerning this matter to	the following:				
		Juan Rios or Mark McKinne	еу				
Name of Person							
		Ocho Blanco, LLC					
Firm/Company							
112 Pierce Christie Dr							
			Address				
		Valrico, FL 33594					
			City/State and Zip Code	<del></del>			
		E-mail address: (to	be used for future annual report notifica	tion)			
For further in	nformation con	cerning this matter, please cal	1:				
Juan Rios			617 447-5929				
at () Name of Person Area Code Daytime Telephone Number							
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling 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

OCHO BLANCO, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
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	nited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<u> </u>	
	, in the second	
Enter new mailing address, if applicable:	e. C	AR 3
(Mailing address MAY BE A POST OFFICE BOX)		70
Middling dudress MAT BE ATOST OFFICE DOX)	<u> </u>	
B. If amending the registered agent and/or regis	. 3	<b>-</b> U
registered agent and/or the new registe <u>red office add</u>		ne name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
new Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zin 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>	Type of Action
MGR	Mark McKinney	112 PIERCE CHRISTIE DR	
		VALRICO, FL 33594	Remove
			Change
MGR	Juan Rios	112 PIERCE CHRISTIE DR	<b>□</b> Add
		VALRICO, FL 33594	☐ Remove
			Change
MGR	Mark McKinney	112 PIERCE CHRISTIE DR	■ Add
		VALRICO, FL 33594	□ Remove
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an effective da	e, if other that ate is listed, the da	ite must be specif	fic and canno	ot be prior to da	ite of filing or n	nore than 90 day		.) Pursuai	
	late inserted in the frective date on the frective date on the frective date on the frection of the frection o				statutory filin	ig requiremen	its, this date	will not	t be listed a
	pecifies a del day after the			but not ar	effective	time, at 12	:01 a.m.	on the	e earlier o
		- 10		2016					
The 90th	June	· 1 <u>·</u>	α.				- *	2018	
	June	7/	<del>/</del> // —				** *		
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The 90th	June	1/1	of a member	er or authorize	d representative	e of a member	1	111	<u> </u>
The 90th		1/1			d representative	e of a member	CRETARY OF		

Page 3 of 3

Filing Fee: \$25.00