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Office Use Only



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FEB 03 2020 S. YOUNG



January 14, 2020

OSCAR J FUMAGALI OFRB, LLC 15 ROYAL PALM WAY UNIT 107 BOCA RATON, FL 33432

SUBJECT: BLANKA BAYS PROPERTY LLC

Ref. Number: L17000172079

We have received your document for BLANKA BAYS PROPERTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 520A00001064

www.sunbiz.org

PLSASZ SEE ATTACHED BY

Di talan (Communicara D.O. DOV 0997 Mallaharra Eladida 9991

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	OFK	2B LLC	
50000C17	Name of Lim	ited Liability Company	****
		REF# LI	7000172079
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		FUMAGA Name of Person	
	<i>Of</i>	Firm/Company	
	15 ROYA	L PALM WAY	1 UNIT # 107
	BOCA RAT	70N, FL 3. City/State and Zip Code	3432
	FUMA GA E-mail address: (LI OSCAZ & 67 to be used for future annual report notific	MAIL OCOM
For further information of	oncerning this matter, please ca	all:	
OSCAL	FUMAGALI	$\underbrace{\text{at}\left(\frac{561}{\text{Area Code}}\right)}_{\text{Area Code}} \underbrace{\frac{4}{\text{Daytime}}}_{\text{Daytime}}$	F1-1680
Name e	t 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	II \$60.00 Filing Fee, Certificate of Status &
	ALREADY 50BM17789	(additional copy (8 enclosed)	Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Sect	tion
Division of C		Division of Corn	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

203

OFRE	3 / ()	FE T
(Name of the Limited Liability Com (A Florida Limite		r records.)
The Articles of Organization for this Limited Liability Compa Florida document number	nny were filed on <u>SEA</u> 19	7 14 70125 and and assign
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		, Florida
	Cuy	, Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>4m3/</u>	ROLLIDO BETHALT	20945 CHISOLM L BOCA NAZON, FR 334-28_	JA □Add Remove
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			□Change
			□Add
			□Remove
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