(Requ	iestor's Name)	
		-
(Addro	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
		,
Special Instructions to Fil	ling Officer:	
1		
1		

Office Use Only



200298335872

04/24/17--01025--014 **25.00

APR 2 5 2017 Y SULKER

COVER LETTER

TO: Registration So Division of Cor		en e	74
	/IDE BERAKAH OLIVO 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:	
	.BLANCA L LACAYO		·
		Name of Person	
	HADAS ACCOUNTING	AND TAX SERVICE	
	·	Firm/Company	
	210 SW 107TH AVE		
		Address	
	MIAMI, FL 33174		·
		City/State and Zip Code	the state of the s
	hadastaxeservices@gmail.e	om to be dsed for lature annual report not	(reation)
For further information of	concerning this matter, please of		
	emocrania, constituente predice es		
Blanca L Lacayo		305 222-2289 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
₩ \$25.00 Filing Fee	2 \$30.00 Filing Fee & Cardificate of Status	II \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fre, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

WORLDWIDE BERAKAH OLIVO LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited (ny as it now appears on our records Liability Company)	<u>.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000228737</u> .	were filed on 12/19/2016		_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbre	viation "L.L.C."		
Enter new principal offices address, if applicable:	2735 W 66TH ST APT 21	- 1 - 1			
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33016		7		
		7	APR		
		U . :.	TO F		
Enter new mailing address, if applicable:	2735 W 66TH ST APT 21	į ili.			
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL 33016	<u> </u>	ज्ञात . रेडिंग स्ट्री		
			Q 1.		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the	e name of the		
Name of New Registered Agent:			·		
New Registered Office Address:	Enter Florida street address	······································			
	, Florida				
	City	orida 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

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

Title	Name	<u>Address</u>	Type of Action
MGR	RENE SANDOVAL	9737 NW 41 ST SUITE 745 Doral	[] Add
			Remove
			☐ Change
			
	·		☐ Remove
•			☐ Change
			Add
			☐ Remove
		·	
			APR RE
			☐ Remove
			Add
			□ Remove
			[] Change
			Add
			D Remove
			☐ Change

E amending any other in	formation, enter c	hange(s) here:	(Attach additio	mal sheets, if nec	essary.)		
							
	An and both officer						
			· · · · · · · · · · · · · · · · · · ·				<u>.</u> .

<u> </u>							_
<u> </u>							-
				The state of the s			
				<u></u>			
							_
		·					
							
							.
					7	7 41	
	1 Marie - The Control of the Control				\$ 33. 33.	- PR ::	, ,. ;
							', ,- ,
							** 4
						- 	
Effective date, if other the characteristic date is listed, the Note: If the date inserted in document's effective date of the date of the characteristic date of the date of	date must be specific and this block does not t	d cannot be prior to meet the applical	o date of filing or models statutory filing	ore than 90 days after	onal) Tiling.) Pursi s date will n	unt to 6 tot be fi	05.0207 sted as
e record specifies a d The 90th day after t			an effective t	ime, at 12:01 a	a.m. on th	ne ear	lier of
Dated		, 2017	_•				
60	-Son F	> Sez. member or suther	ized representative	of a member			
(UPDE/ANDA E		member of dualor.	z ca representative	or a memoer			
GERSON BAE	, 	Typed or printed	name of signee				

Page 3 of 3

Filing Fee: \$25.00