

L17000118932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

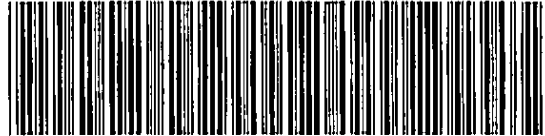
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JAN 22 P 2:06  
TALLAHASSEE, FL 32304

D. SCOTT  
JAN 23 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLU AGAVE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTEFANY LOMELI-BATRES

Name of Person

Firm/Company

1404 CAPE CORAL PARKWAY EAST

Address

CAPE CORAL, FL 33904

City/State and Zip Code

BLUAGAVEFLORIDA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEFANY LOMELI-BATRES

239 471-2075  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED  
2018 JAN 22 P 2:06  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BLU AGAVE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/16/2017 and assigned Florida document number L17000118932.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

1404 CAPE CORAL PARKWAY EAST

CAPE CORAL, FL 33904

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1404 CAPE CORAL PARKWAY EAST

CAPE CORAL, FL 33904

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ESTEFANY LOMELI-BATRES

New Registered Office Address:

1404 CAPE CORAL PARKWAY EAST

*Enter Florida street address*

CAPE CORAL

*City*

Florida 33904

*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, 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>	<u>Type of Action</u>
P. AMBR	ESTEFANY LOMELI-BATRES	1404 CAPE CORAL PKWY	<input checked="" type="checkbox"/> Add
		CAPE CORAL FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COHEN E SMALL	1404 CAPE CORAL PKWY	<input type="checkbox"/> Add
		CAPE CORAL FL 33904	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ODONEL FLORES VAZQUEZ	1404 CAPE CORAL PKWY	<input checked="" type="checkbox"/> Add
		CAPE CORAL FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 JUN 22 PM 2:00  
CLERK OF DISTRICT COURT  
JANICE L. BROWN

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This Business has the following Partnership percentages: Estefany Lomeli has the majority with 66% of shares

Cohen Edwin Small has the minority with 34% of shares.

Based on the above interests of the business, all the decisions of the Business must be first approved by the majority shareholder which includes and are not limited to the following:

-Firing and Hiring of staff

-Management of the staff

-Exchanging or moving the licenses

-Business Loans

-Selling or transferring of Partnership shares

-Managing of Bank accounts

-Modification of the interior and exterior of the business

-Decisions about the general operations of the business

-Any and all decisions that affect the business

Sole authority of any and all modifications are subjected to be approved by the majority share share holder.

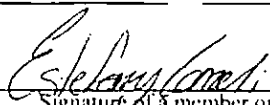
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional).**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JANUARY 18 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ESTEFANY LOMELI-BATRES

\_\_\_\_\_  
Typed or printed name of signee