117000241484

(Requestor's Nar	ne)
(Address)	
(Address)	
(City/State/Zip/Pł	none #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	per)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	
	1

Office Use Only



300313291023

05/29/18--01009--019 *+25.00

18 MAY 29 AM 8: 43

N COOPER MAY 3 1 2018

COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:		U HOLDINGS, LLC			
		Name of Limite	d Liability Company		
The enclosed	l Articles of An	mendment and fee(s) are submi	tted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		KATALINA PENARANDA	, ESQ.		
			Name of Person	···	
GUTTENMACHER, BOHATCH & PENARANDA, P.A.					
Firm/Company					
. 7301 SW 57th Court, Suite 560					
Address					
		South Miami, FL 33143			
			City/State and Zip Code		
KPenaranda@gbptaxlaw.com					
		E-mail address: (to	be used for future annual repo	ort notification)	
For further is	nformation con	cerning this matter, please call	:		
KATALINA PENARANDA, ESQ.			305 666-16		
Name of Person			Area Code I	Daytime Telephone Number	
Enclosed is a	a check for the t	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		of Status &

MAILING ADDRESS:

Registration Section

TO:

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

DANDY	BLEU HOLDINGS, LLC	
(Name of the Limited Liabilin (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000241484</u>	ompany were filed on November 22,	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	ON OF
		9
•		A RPGC
Enter new mailing address, if applicable:		8 ₹
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	Ciry	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>	Address	Type of Action
MGR	GLORIA E. ECHEVERRI	6421 SW 95th Avenue	⊟ Add
		Miami, FL 33173	□ Remove
			□ Change
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			Remove
			□ Change
			D.dd
			Remove
			Change
			Remove
			Change

	<u> </u>			 			
			 				
		<u></u> .					
		<u> </u>					
							
			-				
							0.41010
						HAY	9
						29	•
				· · <u> </u>			
			_			=	
						- 	
				•	_ -	- 	
					-		
			<u> </u>				
					A A' 115		
(If an effective date is li	other than the date of sted, the date must be spec	ific and cannot be	prior to date of fil	ing or more than 90 d	_ (optional) ays after filing.) Pursi	ant to 605	.02
Note: If the date in	serted in this block doe e date on the Departme	s not meet the a	pplicable statuto	ry filing requireme	nts, this date will n	ot be liste	ed a
document's effective	e date on the Departme	01 0.210 0 100	••				
If the record specif	ies a delayed effec	tive date, bu	t not an effe	tive time, at 1	2:01 a.m. on th	ne earlic	er
(b) The 90th day	after the record is	filed.					
Dated		,	- <i> }} /</i>	$\overline{}$			
	(1					

Page 3 of 3

Filing Fee: \$25.00