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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
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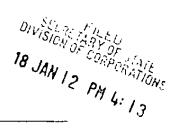
COVER LETTER

TO:	Registration Sec Division of Corp			
eun ir		E ORO, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	.
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		ARTURO BOBADILLA		
			Name of Person	
		BODEGA DE ORO, LLC		
			Firm/Company	
		491 SW 62 AVENUE		
			Address	
		PLANTATION, FLORIDA	N 33317	
			City/State and Zip Code	
		bprecision@gamail.com		
		E-mail address: ()	to be used for future annual report notifi	ication)
For furt	her information co	oncerning this matter, please ca	all:	
SHARO	ON BLANCHE		at () 284-2237 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BODEGA DE ORO, 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 v Florida document number L17000245582	were filed on NO	VEMBER 30, 2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the de	esignation "LLC" or the abbre	viation "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 off registered agent and/or the new registered office address here.		our records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
	City	, 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 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
CEO	ARTURO BOBADILLA	491 SW 62 AVENUE. PLANTATI	Add
			□ Remove
			Change
MGR	ALI H BAKHSH		
		1245 SO MICHIGAN AVENUE, C	□ Remove
		UNIT 170	□ Change
	 		O Add O
			DIVISION OF COMME
			- Add - 3
			Remove
			☐ Change
			
		 	□ Remove
			☐ Change
			O Add
			☐ Remove
			☐ Change

AKIU	URO BOBADILLA IS CEO.	
SHAF	RON IS MGRM AND SECRETARY/TREASURER	
— —		
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		18 1311 12
		70
		
	JANUARY 08, 2018	
ffective If the	late, if other than the date of filing:	
nem s	effective date on the Department of State's records.	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the think the record is filed.	e earlie
i	Signature of a member or authorized representative of a member	
	(2)	
-	1/1/1/2	

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Filing Fee: \$25.00