11800003907

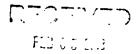
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Palme)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300308299873

02/06/18--01010--009 **25.00



18 FEB -5 AM 7: 27

FILED SECRETARY OF STATE TALLAHASSYE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corpor			
subject: <u>BIVE P</u> O	CHICA, LC Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are subt	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	tatiana	FCYnande Z Name of Person	
	Blue Pacif		
	4336 Newto	• •	
	Татра,	FL 33015 City/State and Zip Code	
-	E-mail address: (t	to be used for future annual report notifi	ication)
For further information cone	erning this matter, please ca	ill:	
Alberto Fernal Name of Pe	rson	at (<u>787</u>) <u>900</u> — Area Code Daytime	23103 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 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

850 - 245 - 6051

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plus Pastina

blue racifica,		<u> </u>
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L1800003907</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		ECRI LLIA FE
		- 8. - 8. - AXB
Enter new mailing address, if applicable:	····	
(Mailing address MAY BE A POST OFFICE BOX)		3 090
		7: STA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	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

Type of Action Address Title Name Fornandez, Alberto S. 16334 Newton Circle 10 Add ambr Tampo, FL 33415 XRemove 6334 Newton Circle _ Change Tampa, FL 33UIS Ambr sanchez, Alberto. Fernandez ☐ Remove □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change □ Add ☐ Remove ☐ Change

	Just	flipping	last	names	for	same	Ambr	
		_ , ,)					
		· · · · · · · · · · · · · · · · · · ·						
				<u> </u>			,,	
		_						
								_ _ _
								8 7
								—∰- •
_							.	X
_				.				<u> </u>
								7: 25
		· · · · · · · · · · · · · · · · · · ·						
_				. <u>.</u> .			\$ 8.5 g 4.5	
·					·		<u> </u>	
_								
				. 0.	210/			
an ence	arve date is	nsied, me date mus	i de specific and	g: 1-31-2 I cannot be prior to da	COLUMN COL	more than 90 days	o ptional) after filing.) Pursua	nt to 605.02
		nserted in this blove date on the Do		neet the applicable state's records.	statutory fil	ing requirements	, this date will no	t be listed
				iate, but not ar	effective	e time, at 12:0	01 a.m. on the	e earlier
me s	oth day	after the reco	ora is mea.					
Dated _				, <u></u>				
_	•			T		1		
		. .	Signature of a	member or authorized	representati	ve of a member		
			-	•				
				Tation	+-am	andez_		

Page 3 of 3

Filing Fee: \$25.00