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COVER LETTER

TO:	Registration Se Division of Cor		,	•
CHBIC		JRGOLLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ZULENA OLDEMBURG		
			Name of Person	
			Firm/Company	
		175 SW 7 ST SUITE 2110)	
			Address	
		MIAMI FL 33130		
		LORELVY@477REALTY	City/State and Zip Code .COM	
		E-mail address: (to be used for future annual report notifi-	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
ZULENA OLDEMBURG		G	305 629-8191 at ()	
	Name of	l'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

OLDEN BURGO LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/04/2019 and assigned Florida document number 1.19000007124 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 "LLC." 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 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: New Registered Office Address: Enter Florida street address

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

____. Florida _____

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	ZULENA OLDEMBURG AS TRUSTEE OF THE OLDENBURG FAMILY REVOCABLE TRUST DATE JANUARY 29, 2019	175 SW 7 ST SUITE 2110 MIAMI FL 33130	□ Add
			Remove
			El Change
MGR	Joseph Manuel Diaz-Oldenburg	175 SW 7 ST SUITE 2110 MIAMI FL 33130	
			Remove
			_ ■ Change
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ffective date, if oth an effective date is list	ter than the date of ed, the date must be speci	filing:	or to date of filing or	opt	ional) er filing (Pursuant to 6	603 020
i ote: If the date inse	rted in this block does date on the Departmen	anot meet the appl	icable statutory fili	ng requirements, th	is date will not be I	isted a
e record specifie	s a delayed effect	ive date, but n	ot an effective	time, at 12:01	a.m. on the ear	rlier
The 90th day ar	ter the record is f	nea.				
JANUARY 31		3/19				
		A Co				
	Signature	c of a member or au	ionzed representativ	e of a member		

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Filing Fee: \$25.00