## 1190000 19664

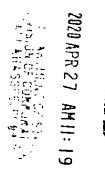
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	523	

Office Use Only

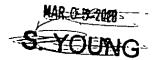


600340383766

02/10/20--01015--008 \*\*30.00



APR 2 8 7070 S. YOUNG





March 5, 2020

MARIO SANCHEZ OLETA HOUSE LLC 3250 NE 1ST STREET MIAMI, FL 33137

SUBJECT: OLETA HOUSE, LLC Ref. Number: L19000019664

We have received your document for OLETA HOUSE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00004881

Shelia H Young Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Divi	ision of Corp	porations	
21.5	Oleta House	LLC	
SUBJECT:		Name of Lit	nited Liability Company
The enclosed	l Articles of A	Amendment and fee(s) are su	bmitted for filing.
Please return	all correspon	ndence concerning this matte	•
		Alexander J Alfano	
			Name of Person
		Alfano Law	
			Firm/Company
		2655 Le Jeune Road, Fou	rth Floor
			Address
		Coral Gables, Florida 33	.34
			City/State and Zip Code
		primelandus@gmail.com	
			(to be used for future annual report notification)
		oncerning this matter, please	
Alexander A			305 728-1341 at ()
	Name of		Area Code Daytime Telephone Number  ACRAMO PANS M HS CAME H
Enclosed is a	check for th	e following amount:	
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	iling Address gistration S vision of C ), Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oleta House LLC			APR TI
(Name of the Limit	ed Liability Compa (A Florida Limited I	iny as it now appears on our r Liability Company)	ecords.) 544 2
The Articles of Organization for this Limited Li	iability Company	were filed on 01/17/2019	and assigned
Florida document number 1,9000019664			
This amendment is submitted to amend the folk	_		· · •
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	Same as Mailing	
(Principal office address MUST BE A STREE			
		10	
Enter new mailing address, if applicable:		2655 Le Jeune Rd. Fourth	Floor
(Mailing address MAY BE A POST OFFICE	BOX)	Coral Gables FI 33134	
			<del></del>
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	Mario M Sanct	nez.	
New Registered Office Address:	3250 NE 1st A	ve # 305	
New Augustica Office (tables)		Enter Florida street a	
	Miami		_, Florida 33137 Zip Code
			Zip Code
New Registered Agent's Signature, if changing I		. ^	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performanice(of my dutie provided for the Shapter (	rs, and I am familiar with and 605, F.S. Or, if this document is

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	Lisa De Jesus	800 N. Miami Ave # 1501 Miami 33136	🗖 Add
			■Remove
			□Change
MGR Mario M Sanchez	Mario M Sanchez	3250 NE 1st Ave #305, Miami Fl 33137	
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	
		<u> </u>	□Change
			🗆 Add
			□Remove
			□Change

ii amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	<u> </u>
-	
_	
_	
_	
_	
(If an effective Note:   I	e date, if other than the date of filing:  (optional)  (itive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord is file	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 d.
Dated _	April 22, 2020
	Signature of a member or authorized representative of a member
	Lisa De Jesus

Filing Fee: \$25.00