Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000940913)))



H200000940913ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079 Phone : (305)804-1047 Fax Number : (866)767-7835

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**Enter the annual	email repor	address t mailin	for th	is busi ter onl	iness y one	entity email	to be addres	used s ple	for fut	ure

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: EXCLUSIVIDADES OLGIMAR LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER MAY 0 6 2020



May 5, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

EXCLUSIVIDADES OLGIMAR LLC 1580 37TH STREET HIALEAH, FL 33012US

SUBJECT: EXCLUSIVIDADES OLGIMAR LLC

REF: L20000024000

We have received your document for EXCLUSIVIDADES OLGIMAR LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Your document has two document number on second page. Please remove the incorrect number.

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.

Yasemin Y Sulker

FAX Aud. #: H20000094091 Regulatory Specialist III Letter Number: 820A00009186 _____

May 4, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

EXCLUSIVIDADES OLGIMAR LLC 1580 37TH STREET HIALEAH, FL 33012US

SUBJECT: EXCLUSIVIDADES OLGIMAR LLC

REF: L20000024000

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

No document was faxed. Only the Fax Audit sheet. Please resubmit the Fax Audit sheet with the document to its entirety.

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.

Terri J Schroeder Regulatory Specialist III FAX Aud. #:

Letter Number: 420A00009102

ARTICLES OF AMENDMENT (CH200000 94091 3)) ARTICLES OF ORGANIZATION OF

EXCLUSIVIDADES OLGIMAR LI			
(Name of the Limite	d Liability Company as it no A Florida Limited Liability Co	w appears on our records.) onpany)	
The Articles of Organization for this Limited Lin	ibility Company were file	d on O(115 (20)	20 and assigned
Florida document number <u>L200000</u>	4000		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	ny." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	3 <i>0X)</i>		
			
			702) 1150
B. If amending the registered agent and/o	or registered office add	lress on our records. §	enter the name of the new
registered agent and/or the new registered of	ice address here:		35: 7 17
	OLGA CONCEPCION		11/2 07 1
Name of New Registered Agent:	OLGA CONCEPCION		50 3: 17;
New Registered Office Address:	1580 WEST 57TH ST		-
		Emer Florida street address	3777
	HIALEAH	Plori	da 33012
	City		Zļp 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 increly reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change

Olya Concepcion

If Changling 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:

(((H200000 9409(3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	MARIA DEL PILAR VEGA	355 HERNANDO STREET	□ Add
		АРТВ	≡ Remove
		FORT PIERCE, FL 34949	
AMBR	OLGA CONCEPCION	1580 WEST 37TH ST	
		HIALEAH, FL 33012	
			Remove
			☐ Change

			□ Remove
			☐ Change
			□ Add
			□ Remove
			D Change
			□ Add
			□ Remove
			□ Change

From: Hector Radriguez	Fax: 18667677835	To: Sunblz LLC	Fax: (850) 617-6383	Page: 6 of 6 05/05/2020 9:44 A
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o. n amer	iding any other infor	mation, enter change(s	i) here: (Anach additional sh	ieeis, if necessary.)
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ilf an effect		nust be specific and cannot be		(optional) 90 days after filing.) Pursuant to 605.0207 (1
<u>Note:</u> If Jocumen	the date insected in this i's effective date on the	block does not meet the a Department of State's rec	opticable statutory filing requir	ements, this date will not be listed as the
		Department of State 2 rec	on da.	
If the recor	rd specifies a delay	ed effective date hu	it not an effective time, a	t 12:01 a.m. on the earlier of:
(b) The 9	Oth day after the re	ecord is filed.		
Dated	ARCH 30	2020		
		ra Concepcion	authorized representative of a med	1
	<i>y</i>	Signature officialember or	aumorized representative of a med	1PCT
	OLGA CONCEPCIO	N		
		lyped or	printed name of signed	

Page 3 of 3

Filing Fee: \$25.00