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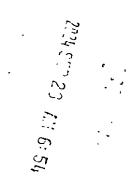
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: Lity M de Oca LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Iliana plantes de Oca Name of Person
Lily M de Oca Le Firm/Company
13000 SW 44 Street Address
Miani Fl 33175. City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Than Hontes de Oca at (786) 804-9977 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
SS \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lily Hd	e oca lic	
(Name of the Limited Lia) (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>し み</u> 4 000 3 ラ <u>2</u> 5	Company were filed on 8 26 2004 and ass	igned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.	Ĺ.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		* -
Enter new mailing address, if applicable:	25	
(Mailing address MAY BE A POST OFFICE BOX)		· .
	6:	
	-	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office address on our records, <u>enter the name of the nev</u> <u>e</u> :	<u>v registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Iliana	13000 sw 44 Street	
AMBR	Montes de Oca	Uiani, F1 33175	∑ Add
			□Remove
			☐ Change
-			□Add
			Remove
			□Change
		□Add	
		Remove	
			□Change
		□Add	
		□Remove	
			□Change
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			□Remove
			□Change
		□Add	
		Remove	
			Change

i i aiii	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ex Note:	tive date, if other than the date of filing: 9 17 2004 (optional) fective 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 ment's effective date on the Department of State's records.
the reco	rd 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 filed.
Dated	September 17 . 2004. September 17 . 2004.
	Signature of a member or authorized representative of a member
	Iliana Hente de Oca Typed or printed name of signee