L15000162258

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Dc	ocument Number)	
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COVER LETTER

Division of Corp	ction porations	,	·
Over Hocke	y LLC	á	
Direct:	Name of Lim	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
	ndence concerning this matter	_	
oute retain an content,	interior concerning this matter	to the reasoning.	
	Daniel Pinto		
		Name of Person	
		Firm/Company	
	88500 overseas hwy, #301		
		Address	
	Tavernier Fl 33070		
	daniel@eatatovereasy.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
or further information co	oncerning this matter, please c	all:	
Paniel Pinto		317 9937784	
Name of	Person	at () Area Code Daytim	e Telephone Number
nclosed 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 Address: 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

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number $\frac{1.15000162258}{1.0000162258}$	Liability Company were filed on 09/	23/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	202
(Principal office address MUST BE A STRE	ET ADDRESS)	APR 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		- 6
B. If amending the registered agent and/or agent and/or the new registered office addr		ecords, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	Daniel I III	
New Registered Office Address:	117 Nw 42nd Ave, #1000	
		ida street address
	Miami	, Florida 33126
	City	Zip Code

New Registered Agent's Signature, it 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
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			□Remove
			Change
			□Add
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	date, but not ar	n effective tim	e, at 12:01 a.m	ı. on the earlie	rof:(b) Th	e 90th day after
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