

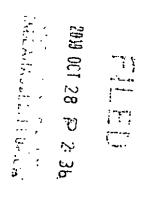
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## **COVER LETTER**

SUBJECT:	OWN, LLC			
SUBJECT	·	Name of Limi	ted Liability Company	<del></del>
The enclosed	l Articles of .	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		MARIENILDA PIERLUIS	SI	
		MPE CONSULTING, COR	Name of Person	
		2700 GLADES CIRCLE S	Firm/Company TE 127	
		WESTON, FL 33327	Address	
		maryp@mpeconsulting.net	City/State and Zip Code	<del> </del>
		E-mail address: (1	o be used for future annual repo	ort notification)
For further i	nformation c	oncerning this matter, please ca	all:	
MARIENIL	DA PIERLU	ISSI	754 216-4	105
	Name o	f Person	Area Code 1	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 H	filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

OWN, LEC		
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	t now appears on our records.) y Company)	· · · · · · · · · · · · · · · · · · ·
the Articles of Organization for this Limited Liability Company were dorida document number $\frac{1.16000043431}{1.16000043431}$ .	filed on <u>03/02/2016</u>	and assigned
his amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the limited liability c</u>	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	en ta	54 bet * 2
	(C)	and the last of th
If amending the registered agent and/or registered office a egistered agent and/or the new registered office address here:	address on our records, ente	r the name of the
egistered agent and/or the new registered wines more some e	· · ·	9 9° 1 5 3
	- TO	
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:	بر بر	
	Enter Florida str <del>u</del> et address	
	, Florida	
(	itv	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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MG	JORGE YILO	2700 GLADES CIRCLE STE 128	■ Add
		WESTON, FL 33327	
			Remove
			Change
			□ Remove
		<del></del>	Change
			Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			Change
			☐ Remove
			Change

Any activity permitted under	laws of The State of Florida.	
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
·		
		<del></del>
Effective date, if other than the	e date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	
Note: If the date inserted in this bl- document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will n	ot be listed as
he record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on theord is filed.	າe earlier of
October 16th	219	
Dated	·	
	Meanin allener	

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Typed or printed name of signee

Filing Fee: \$25.00