L0800068672

(Re	questor's Name)	
(Ad	dress)	
·	·	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Cortificator	of Status
Certified Copies	Certificates	S Or Status
Special Instructions to	Filing Officer:	
,	J	,
1		

Office Use Only



300310940863

03/26/18--01036--027 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1018 MAR 26 PH 1: 44

min 27 2019 J SHIVERS

COVER LETTER

۶.

TO: Registration Section Division of Corporations
SUBJECT: OVG HOLDINGS LC 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:
Martha B. Vegg
OVA Holdings UC
2619W 8th a
Hialeah A 33070
City/State and Zip Code
For further information concerning this matter, please call:
Martha By eag at (186) 5374336 Name of Person at (186) 5374336 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on JUI 16-200 assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2619 W 8th Ct Halean - F1 32010
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2619 W 8+4 Cf Gralean- F133010
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address: 261	Enter Florida street address City Florida Enter Sold Enter Florida Street address 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 Type of Action **Title** <u>Name</u> <u>Address</u> Oclando Vega 2619W & □ Add ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

				· · · · · ·					
				·		·····			
			·					- · · - · · · · -	
 					····				
									
		<u></u>			<u></u>				
				 			_		
									
,				· · · · · · · · · · · · · · · · · · ·		<u>.</u>			
		 -							
<u> </u>									
							ĭŽĽ	2018	
							AR	MAR	 ··:
			··· · · · · · · · · · · · · · · · · ·		 -	·	ASS	R 26	— <u></u>
			··			····	<u>~~</u>	7P	<u>-</u> ۲۱
							با د		<u>_</u>
							DRID!	£	,
effective date is lis e: If the date ins	ther than the date of ted, the date must be spe terted in this block do the date on the Departm	ecific and e	cannot be price eet the appli	cable statuto	ing or more than 9 ry filing require	(optiona 0 days after fili ments, this da	ng.) Pur	rsuant to not be	605.02 listed
	es a delayed effe after the record is		ate, but n	ot an effe	ctive time, at	12:01 a.m	ı. on 1	the ea	rlier
ت ed	1151	,	201	<u>,</u>					
					-				
		_			entative of a mem	·			_

Page 3 of 3

Filing Fee: \$25.00