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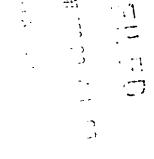
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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D. SCOTT DEC 2 1 2017

COVER LETTER

Divisio	of Corporations		
CI. SUBJECT:	OVER SYSTEMS LLC		
	Name of Limited Liability Company		
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
	YAMIRA E. GONZALEZ, CPA		
	Name of Person		
	CLOVER SYTEMS LLC		
	Address		
	MIAMI, FL 33172		
	City/State and Zip Code		
	yamira.gonzalez@clovergroup.com		
For further inform	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:	:	
	at ()		•
	Name of Person Area Code Daytime Telephone Number		//
Enclosed is a che	ck for the following amount:		ı
■ \$25.00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee & } \Bigcu	e of Stat Copy	tus &

MAILING ADDRESS:

TO:

Registration Section

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

CLOVER SYSTEMS, LLC			
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabil		ar	nd assigned
Plorida document number L11000144614	·		
his amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company." the designation "LLC" or the	e abbreviati	on "L.L.C."
Enter new principal offices address, if applicable	e:		
Principal office address MUST BE A STREET A	DDRESS)		
	·		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			<u>-</u>
		·-	
3. If amending the registered agent and/or i	registered office address on our records, ent	er the n	ame of the
egistered agent and/or the new registered office	address here:	:	. 1
		•	
Name of New Registered Agent:			
New Registered Office Address:			, ;
<u>-</u>	Enter Florida street address		
_	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
MGR	LUIS A. RINCON		□ Add
		1910NW97AVE.MIAMI FL33172	■ Remove
			Change
			
			☐ Remove
			☐ Change
		-	
			□ Remove
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Effective	date, if othe	r than the da	ate of filing	g:	017 ————		(optional)	٠-٦	
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ne record The 90	d specifies Oth day afte	a delayed e r the recor	ffective of is filed.	late, but	not an ef	fective tim	ne, at 12:	01 a.m.	on the ear	rlier of:
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Page 3 of 3

Filing Fee: \$25.00