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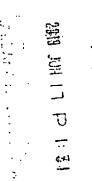
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COVER LETTER

Division of Co	orporations			
LIGDAN SUBJECT:	OS & NIC LLC	•		# 6
		nited Liability Company		•
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JUAN CHAVEZ			
		Name of Person		
			_	
	17828 SPANISH HARBO	Firm/Company OUR CT		
	FORT MYERS FLORIDA	Address		_
	JUCHARA@HOTMAIIC	City/State and Zip Code COM		_
	E-mail address: (to be used for future annual report no	tification)	-
For further information	concerning this matter, please c	afl:		
JUAN CHAVEZ		239 2018311		
Name (of Person	Area Code Daytii	ne Telephone Numb	 ਲਾ
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
JUAN CHAVEZ	E-mail address: (concerning this matter, please conference) of Person the following amount:	to be used for future annual report no all: 239 2018311 at () Area Code Daytin	ne Telephone Numb S60.00 Certific Certific	Filing Fee, cate of Star ed Copy

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ 27/31/2012 28/3 JUN 17 Pand assigned Florida document number 1.12000098259 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

LIGDANOS & NIC LLC

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

- or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Name** <u>Address</u> **Type of Action** CAROLINA POLANIA 17828 SPANISH HARBOUR CT **AMBR** ■ Add ☐ Remove _□ Change CARLOS CHAVEZ MGR □ Add □ Remove ■ Change _□ Add ☐ Remove _□ Change ☐ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

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Effect	ive date, if other than the date of filing: (optional)
(If an efl	ective 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 (3
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	on a creedire date on the department of State 3 records.
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
) /IIC	Journally latter the record is filed.
	JUNE 11 , 201 9 /7
Dated	
	Signature of a member or authorized representative of a member
	JUAN CHAVEZ.
	Typed or printed name of signee
	- Theo or ly times name of signer

Page 3 of 3

Filing Fee: \$25.00