

L15000181830

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNTING MAX SERVICES INC
Account Number : I20220000162
Phone : (954)724-1114
Fax Number : (954)252-4124

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OVAT SOLUTIONS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OVAT SOLUTIONS LLC

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:

GUSTAVO ESPINOSA

Name of Person

OVAT SOLUTIONS LLC

Firm/Company

411 E JL TYRE STREET

Address

SCREVEN GA 31560

City/State and Zip Code

gus@ovatsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO ESPINOSA

239 747-4441
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

OVAT SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/26/2015 and assigned
Florida document number L15000181830.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OVAT HOMES LLC

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:

411 E JIL TYRE STREET

(Principal office address MUST BE A STREET ADDRESS)

SCREVEN, GA 31560

Enter new mailing address, if applicable:

411 E JIL TYRE STREET

(Mailing address MAY BE A POST OFFICE BOX)

SCREVEN, GA 31560

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:

N/A

New Registered Office Address:

Enter Florida street address

City

, Florida

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> | <u>Type of Action</u> |
|--------------|------------------|----------------------|--|
| MGRM | GUSTAVO ESPINOSA | 411 E JI Tyre St | <input type="checkbox"/> Add |
| | | Screven, GA 31560 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGRM | VINCENT FORTE | 1225 SE 43rd TER | <input type="checkbox"/> Add |
| | | CAPE CORAL, FL 33904 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | KELLY FORTE | 411 E JI Tyre St | <input checked="" type="checkbox"/> Add |
| | | Screven, GA 31560 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | DAVID EICHTE | 9511 Monteverdi Way | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, FL 33912 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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 TALLAHASSEE

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 18, 2023Gustavo Espinosa

Signature of a member or authorized representative of a member

GUSTAVO ESPINOSA / MANAGER

Typed or printed name of signee

Filing Fee: \$25.00