To:

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To:

Division of Corporations

Fax Number

: (850)617-6383

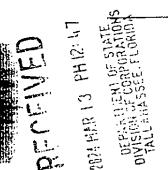
From:

Account Name : RELIABLE CONSULTING SERVICES, LLC

Account Number : 120220000017 Phone : (305)896-2248 Fax Number : (786)438-5832

\*\*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 OVALO24 MIAMI LLC

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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240000972623

, <b>T</b>		**************************************			
OVALO24 MI	AMI LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)			
( · · · · · · · · · · · · · · · · · · ·	,, ,, ,, ,, ,				
The Articles of Organization for this Limited Liability Compar	ıy were filed on	11/07/2016	and	l assign	ed
Florida document numberL16000204635					-
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	<u>ere</u> :			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the d	esignation "LLC" or th	ne abbreviation	1.l.C	:"
Enter new principal offices address, if applicable:					
					· · ·
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	***			
Enter new mailing address, if applicable:				~>	
(Mailing address MAY BE A POST OFFICE BOX)				<u>-</u>	
			·· <del>·</del>	3:	
				<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the r</u>	iame of the	ness re	egistere
agent and/or the new registered office address here.			.9	PH	{}
			$\omega$	ά	
Name of New Registered Agent:				_ <del></del>	
New Registered Office Address:					
	Enter Flor	rida street address			
		, Florida			
	City		Zip Ce	rde	
New Registered Agent's Signature, if changing Registered Agen	<u>t;</u>				
I hereby accept the appointment as registered agent and ag	gree to act in this	capacity. I further	agree to co	mply	with the
provisions of all statutes relative to the proper and complet	te performance of	my duties, and La	ım familiar	with a	nd
accept the obligations of my position as registered agent as					nt is
being filed to merely reflect a change in the registered offic	e address, I herel	by confirm that the	e timited lia	bility	
company has been notified in writing of this change.					
If Ch	anging Registered Ag	ent, Signature of New	Registered A	gent	

From: . .

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>	Address	Type of Action
MGR	ERNESTO D VIVANCO CASAS	SS13 NW 23 STREET	■Add
		STMIAMI, FL 33172	· Remove
			□Change
SEC	CAMACHO GONZALEZ, YOLVI	8813 NW 23 STREET	□Add
		MIAMI, FL 33172	□Remove
			■Change
			□Add
			ElRemove
			□Change
			□Add
			□Remove
			□Change
			Петноче
			□Change
			□Remove
			[*]Change

To:

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If an effec Note: If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this.
Dated _	MARCH 12 2024
	(10.1)
	Signature of a member of authorized representative of a member

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