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(Re	equestor's Name)	
(Ad	dress)	<u> </u>
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2017 MAY 26 AM 10: 32 SECRETARY OF STATE

HARRIS

COVER LETTER

TO: Registration Solution of Co			•
SUBJECT:	um Professio Name of Lim	ni Claningsen	OVOS LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	6 miles
		Hasua Boet Name of Person	
	Don Dra	Firm/Company	ing Services Lice
	3300 NW	62 And Suite &y	
	Mongate Fl	33063 City/State and Zip Code	
	E-mail address: (Sidala Leon M Sey to be used for future annual report notif	ours Ecolopsicom
For further information c	oncerning this matter, please co	•	
Name o	AC PAEZ f Person	at (<u>TSU</u>) <u>805-0</u> Area Code Daytime	O 493 e Telephone Number
Enclosed is a check for the	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	
The Articles of Organization for this Limited Liability Company Florida document number LN 1000 097205.	were filed on 05 10212017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	10000 0 90 40 1000 € 10000 € 100000 € 1000000 € 10000000 € 100000000
Enter new mailing address, if applicable:	3200 Nu 62 Ne 500 84
(Mailing address MAY BE A POST OFFICE BOX)	Margare 71 3301237 \$ 111
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	adia BOEZ
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Y

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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Floria Zarzuela	sous nu gu tenace	Add
		Alt 308 Tomac F 1333	Remove
			☐ Change
MGR	Prosemony Espirace	800 nu 90 tenace	
		Ar+ 308 TCMC162C.F1 3332	
			☐ Change
46e	NOtasua Bæz	8040 nu 90 fevace	Add
		Apr 300 Temprac FI	□ Remove
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an effe <u>ote:</u> I	ve date, if other than the date of filing: \(\)	0207 (3)(b) d as the
reco	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlie $90th$ day after the record is filed.	r of:
ited _	May 20 , 2017.	
	Signature of a member or authorized representative of a member	
	NO HOSYIG BAZZ Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00