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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Amend

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COVER LETTER

| | egistration Se ivision of Cor | | | | |
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| CUD IF CT | | CE GROUP LLC | | | |
| SUBJECT | : | Name of Lin | ited Liability Company | | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please retui | m all correspo | ondence concerning this matter | to the following: | | |
| | | JOSE OMAR MOREJON | | | |
| | | | Name of Person | | |
| | | OC SERVICE GROUP L | LC | | |
| | Firm/Company | | | | |
| | 9265 SW 9TH TERRACE Address | | | | |
| | | | | | |
| | | MIAMI, FL 33174 | | | |
| | | | | | |
| | | regulatory@finocompany.c | om to be used for future annual report notif | (mation) | |
| For further | information c | oncerning this matter, please c | • | ication | |
| | AR MOREJO | - | 786 556-6579 | | |
| | | f Person | at () | Telephone Number | |
| | · · | | Audi Code 174yilile | . Telephone (Validea | |
| Enclosed is | a check for th | ne 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) | |
| Re | ailing Addres egistration S | Section | <u>Street Address:</u> Registration Sec | | |
| Division of Corporations | | orporations | Division of Corp | porations | |

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OC SERVICE GROUP LLC | |
|---|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number L18000055915 | were filed on 03/06/2018 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| N/A | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: | N/A P C |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registe</u> |
| Name of New Registered Agent: New Registered Office Address: | |
| New Registered Office Address: | Enter Florida street address |

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.

City

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> | Name | <u>Address</u> | Type of Action |
|--------------|--------------------|------------------|----------------|
| <u>v</u> | Candace Marie Hurt | 9265 SW 9TH TERR | = Add |
| | | MIAMI, FL, 33174 | |
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| Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | tock does not meet the applic | able statutory filing req | (optional) nan 90 days after filing.) Pursu juirements, this date will n | ant to 605.0207 (, ot be listed as th |
| ne record specifies a delayed effection of is filed. | ve date, but not an effective ti | me, at 12:01 a.m. on th | e earlier of: (b) The 90th | day after the |
| Dated April 27 | 2020 | | | |
| V Citato | <u> </u> | · | | |
| | Signature of a member or author | orized representative of a | member | |
| JOSE OMAR MOREJ | ON | | | |
| | Typed or print | ed name of signee | | |