Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number: I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

RLOPS@PARASEC.COM Email Address:\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAMES OVERHOLT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



To: 18506176383 From: 19165767036 Date: 11/12/21 Time: 11:08 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Over	rholt LLC					
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on or nability Company)	ur records.)			
The Articles of Organization for this Limited Liab	oility Company	were filed on03/28	8/2018	and as	signed	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designat	ion "LLC" or the a	bbreviation "I	L.C."	
Enter new principal offices address, if applicable:		3390 Mary Street	Suite 116			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Coconut Grove, I	<u> L 33133                                </u>			_
Enter new mailing address, if applicable:		3390 Mary Street	Suite 116		· · · · · · · · · · · · · · · · · · ·	_
(Mailing address MAY BE A POST OFFICE BOX)		Coconut Grove.	FL 33133	4 <u>7</u>	72	_
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:	gistered office : here:	address on our record	s, enter the nar	me of the ne		Hered
New Registered Office Address:	3390 Mai	ry Street Suite 116  Enter Florida str	ant out leave	>-		_
			BET HAMP BYS	22122		
	Coconu	t Grove	, Florida _	33133 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.

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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
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Dated	ecifies a delayed effective de November 12	. 202	1 mes Or	orb A	: : : :		FILED
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