

218000/43852

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 : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

****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
ORVEN TOTAL SERVICES LLC

Certificate of Status	0
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 DEC 19 AM 11:46

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Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORVEN TOTAL SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/11/2018 and assigned
Florida document number L18000143852

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

1177 NW 122 Terrace

Pembroke Pines Florida, 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1177 NW 122 Terrace

Pembroke Pines Florida, 33026

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:

Oscar Adolfo Urbina Rojas

New Registered Office Address:

1177 NW 122 Terrace

Enter Florida street address

Pembroke Pines

City

Florida 33026

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

Page 1 of 3

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>
AMBR	papasakeliariou, Constantino	5091 NW 116th Court	<input type="checkbox"/> Add
		Doral Florida, 33178.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rodriguez Nunez, Ramon Alberto	10220 NW 63 Terrace Unit 216	<input type="checkbox"/> Add
		Doral Florida, 33178.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Oscar Adolfo Urbina Rojas	1177 NW 122 Terrace	<input checked="" type="checkbox"/> Add
		Pembroke Pines Florida, 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Monica Catalina De Sousa De Sousa	1177 NW 122 Terrace	<input checked="" type="checkbox"/> Add
		Pembroke Pines Florida, 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated December 18th, 2018

Typed or printed name of signee