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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: O. H. HOUSIYO, LL C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
OSIPHER Name of Person
Firm/Company
101 N. Oak St.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 633-9167 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$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 TO ARTICLES OF ORGANIZATION OF

	y Company as it now appears (Limited Liability Company)		
The Articles of Organization for this Limited Liability Co		122 2018 and a	ssigned
Florida document number <u>L 18000 201073</u>	<u>5</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here	2:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desi	gnation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		Ö
			131. 131.
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Enter now mailing address if applicables		رى 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Enter new mailing address, if applicable:		;>» ;II	<u> 설립.</u> 필요.
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
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	ered office address on o		•
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on o		•
registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on o		•
registered agent and/or the new registered office addre	ess here:		•
registered agent and/or the new registered office address Name of New Registered Agent:	ess here: Enter Florida	our records, enter the name street address, Florida	of the n
registered agent and/or the new registered office address Name of New Registered Agent:	ess here: Enter Florida City	our records, enter the name	of the n

If Changing Registered Agent, Signature of New Registered Agent

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	Osiel Hernandez	101 N. Oak St.	🗹 Add
		Fellsmere, Florida 32	<u>GU8</u> □ Remove
			Change
			Remove
			Change
		Remove	
			Change
			Add
			Remove
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Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or moote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant requirements, this date will not b	to 605.020 be listed a
record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on the ϵ	earlier o
Olic U-Lernander Signature of a member or authorized representative of		

Page 3 of 3

Filing Fee: \$25.00