L18000201256

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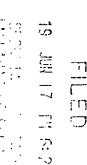
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		OVALS MIAMI, LI	LC	
oon,net.	-	Name of Lin	nited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
			VALERIE TAVENIER	
			Name of Person	
			OVALS MIAMI, LEC	
		-	Firm/Company	
	21 NW MIAMI CT			
			Address	
			MIAMI, FL 33128	
		val	City/State and Zip Code oche6@yahoo.fr	
			to be used for future annual report not	ification)
For further in	dormation co	ncerning this matter, please c	aU:	
VALERIE TAVENIER		305 495-1394		
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	iling 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
	,	
The Articles of Organization for this Limited Liability Company were filed on	8/22/2018	and assigned
Florida document numberL18000201256		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	e <u>re</u> :	
·		
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or th	
Enter new principal offices address, if applicable:		5.4.6
(Principal office address MUST BE A STREET ADDRESS)		_ <u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, en	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flori	ida street address	
	, Florida	
City New Registered Agent's Signature, if changing Registered Agent:		Zıp Code

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

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 **Title** Name Address Type of Action 21 NW MIAMLCT, MGR OLIVIER GEBHART MIAMI FL 33128 ■ Add ☐ Remove ☐ Change 21 NW MIAMICT, MGR VALERIE TAVENIER MIAMLEL 33128 _□ Add Valerie Tavenier, the MGR name repeated. Valerie Tavenier is listed twice. The second name should be Olivier Tavenier, his business partner. **■** Remove □ Change □ Add □ Remove _□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove _ Change

_□ Add

_□ Remove

_ Change

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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June Mth. 2019 Signature of a member or authorized representative of a member
	Valence Tavernier Gebhan V Typed or printed name of signee

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Filing Fee: \$25.00