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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
Ovi Events	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ovidiu Benicean		
		Name of Person	<u>- </u>
	Ovi Events LLC		
		Firm/Company	
	9531 Fontainebleau Boule	vard, Apt 114	
		Address	
	Miami, Florida 33172		
		City/State and Zip Code	·
	ovidiubenicean@gmail.con		
For further information c	oncerning this matter, please c	to be used for future annual report no all:	iffication)
Ovidiu Benicean	<u>.</u>		
		305 906 - 1213 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S		Street Address:	action
Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee, I	FL 32314		oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ovi Events LLC	2521 OU 5 Pa 55 .	ひひ
(<u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on our records.) rida Limited Liability Company)	
ne Articles of Organization for this Limited Liability	y Company were filed on 10/22/2018	and assigned
orida document number 1.18000248309		
is amendment is submitted to amend the following		
If amending name, enter the new name of the l	imited liability company here:	
e new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registerent and/or the new registered office address her		name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u> 2020 00 - 3 PM 5: 3	Type of Action
MGR	Isabel Andrade	9531 Fontainebleau Boulevard, Apt 114 Miami, FL 3	3.
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (seek does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 2nd	2020

Typed or printed name of signee