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(((H25000027373 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : 120110000069 : (954)567-0013 Phone

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: (954)567-3401

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

Email Address: annette @apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OY UNDERGROUND LLC

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Corporate Filing Menu

Help

TO: Registration Section

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COVER LETTER

Division of Con	porations		
	RGROUND LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Annette Mota		
		Name of Person	
	API Processing - Licensin	g, Inc.	
		Firm/Company	
	3419 Galt Ocean Drive Su	ite A	
Address			
	Fort Lauderdale FL 33308		
		City/State and Zip Code	
	annette@apiprocessing.com		
		to be used for future annual report no	nfication)
For further information of	oncerning this matter, please c	all:	
Annette Mota		954 567-0013 x	
Name o	f Person	Area Code Daytir	ne Telephone Number
Wheelers I have all and the state	F. Harris a manual		
Enclosed is a check for the	•	- Acc	EL AKA NA DIII II D
■ \$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	 \$55,00 Piling Pee & Certified Copy (additional copy is enclosed) 	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	§:	Street Address: Registration Se	action
Registration S Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OY UNDERGROUND LLC		
(<u>Name of the Limited Lie</u> (A Fi	ability Company as it now appears o orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 12/13	3/2018 and assigned
Florida document number L18000286412	 '	
This amendment is submitted to amend the following	g:	
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 design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET AD	ODRESS)	
		
		JAN T
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		
		0.77.49.
 If amending the registered agent and/or registe gent and/or the new registered office address her 		rds, enter the name of the new regi
-	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida Zip 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

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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:

#2500002+3+3

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	CARLOS L TAPIA	14743 SW 82ND TERRACE	🗆 Add
		MIAMI FL 33193	ERemove
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			□Remove
			□ Change
			□Add
			DRamove
			Change
			
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			□Remove
			Change
			🗆 Add
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			DChange

II HUI	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: 11/15/2024 (optional) entire date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recon ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	Jan 23, 2025
	Francisco Figueredo (Jan 23, 2025 12:02 EST) Signaturo of a member or authorized representative of a member
	FRANCISCO FIGUBREDO FERNANDEZ
	Typod or printed name of signee

Filing Fee: \$25.00