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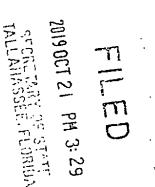
| (Requ | uestor's Name) | |
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| Special Instructions to Fil | ling Officer: | |
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| 10: | Registration S Division of Co | | , ··· | · • | | | | | | | | |
|-----------|----------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| SUBJEC | | NGS HOME SERVICES LLC | | \$, | | | | | | | | |
| 300,120 | <u> </u> | Name of Lin | nited Liability Company | | | | | | | | | |
| The encl | losed Articles of | Amendment and fee(s) are sub- | omitted for filing. | | | | | | | | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | | | | | | | | |
| | | RONALD ALBERTO CA | ARVAJAL OVIEDO | | | | | | | | | |
| | | | Name of Person | | | | | | | | | |
| | | OPEN WINGS HOME SE | ERVICES LLC | | | | | | | | | |
| | | Firm/Company | | | | | | | | | | |
| | | 5541 N WINSTON PARK | CBLVD, APT. 305 | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | Address | | | | | | | | | |
| | | COCONUT CREEK, FL. | 33073 | | | | | | | | | |
| | | openwingsservices@gmail. | City/State and Zip Code com | | | | | | | | | |
| | | E-mail address: (| to be used for future annual report notif | lication) | | | | | | | | |
| For furth | er information c | oncerning this matter, please c | all; | | | | | | | | | |
| RONAL | D A. CARVAJA | AL OVIEDO | 561 325-1307 at() | | | | | | | | | |
| | Name o | t Person | | e Telephone Number | | | | | | | | |
| Enclosed | is a check for th | ne following amount: | | | | | | | | | | |
| \$25.0 | 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 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

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| (Name of the Lin | nited Liability Company as it now appea (A Florida Limited Liability Company) | urs on our records.) |
|---|--|---|
| The Articles of Organization for this Limited Florida document number 1.19000044607 | | 2/13/2019 and assigned |
| This amendment is submitted to amend the fo | llowing: | |
| A. If amending name, <u>enter the new name</u> | of the limited liability company h | i <u>ere</u> : |
| 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 appl | icable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of | I/or registered office address o | n our records, enter the name of the name |
| Name of New Registered Agent: | RONALD ALBERTO CARVAL | AL OVIEDO |
| New Registered Office Address: | 5541 N WINSTON PARK BLVI | D. APT. 305 |
| · | Enter Flo | rida street address |
| | COCONUT CREEK | , Florida <u>33073</u> |
| | 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|------------------------------|---------------------------------------|----------------|
| AMBR | DAVIS RAY TORRES | 5541 N WINSTON PARK BLVD, APT. 305 | ⊟ Add |
| | | COCONUT CREEK FL 33073 | |
| | | | □ Remove |
| | | | □ Change |
| AMBR | GRISEL HENRIQUEZ GRATEROL | 5541 N WINSTON PARK BLVD, APT, 305 | |
| | | COCONUT CREEK FL 33073 | |
| | | | ■ Remove |
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| Effective date if other than the | date of filing: | | (0.045 | |
| Effective date, if other than the (If an effective date is listed, the date mu. Note: If the date inserted in this bi document's effective date on the D | ock does not meet the ap | oplicable statutory film | ore than 90 days after filing.) Pu | rsuam to 605,0207 (. I not be listed as th |
| the record specifies a delayed) The 90th day after the rec | d effective date, but ord is filed. | t not an effective t | ime, at 12:01 a.m. on | the earlier of: |
| October 10th | 2019 | | | |
| 200 | | • | | |
| 77. | Signature of a member or | authorized sussessesses | ·Community of | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee