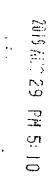
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Office Use Only



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R WHITE SEP (9 L.J

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	305 Pxx Name of Lin	OVEYU LCC	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		_Chador	Name of Person PRICOVERS	
			Firm/Company	
			Address	· · · · · · · · · · · · · · · · · · ·
liar for	thur information of	E-mail address: (City/State and Zip Code City/State and Zip Code to be used for future annual rep	ort notification)
Ch		Person	at (<u>786) </u>	Daytime Telephone Number
Enclose	ed is a check for th	e following amount:		
X \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy todditional copy is enclose	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio: P.O. Bo	NG ADDRESS: tion Section t of Corporations x 6327 ssee, FL 32314	Registration Division of Clifton Build	Corporations ding ive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

305 PRCOVE	ry (cc	2019 AUG 29 PM 5: 10
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any asit now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	wwere filed on 311	5 O and assigned
Florida document number <u>L19000073235</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
P. 16		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our rec e:	fords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
-	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· ·	eap Since
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amendin	g Authorized Person(s) authorized to ma tfrom our records:	nage, enter the title, name, and address of each	ch person being added
MGR = MAMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Boxanne Perdomo		Add
		3005 SW 215 Miami 713	JUS X Remove
			Change
HGR	Christopherlopez	3005 SW 215+ Miami FL33	145 X Add
			🗆 Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			Change

amendi	ending any other information, enter change(s) here:			s) here:	(Attach i	additional s	heets, if ne	cessary.)	
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n effective <u>ete:</u> If the	ate, if other that date is listed, the dedate inserted in effective date on	ate must be speci this block does	fic and cannot be not meet the a	applicable	ate of filing	g or more that	n 90 days afte	ional) r filing.) Pursu is date will no	ant to 605.020 of be listed a
record he 90tl	specifies a de h day after th	layed effect e record is f	ive date, bu iled.	ut not ai	n effect	ive time,	at 12:01	a.m. on th	e earlier (
ed <u>f</u>	August ():	26		219					
_			of a member o	r authoriz ė	d represen	tative of a mo	ember		
	(consta	poer	printed na	<u>e2</u>		<u>.</u>		
			· Lyped or	printed 118	me or sign	ice			

Page 3 of 3

Filing Fee: \$25.00