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COVER LETTER

TO:		tion Sectio of Corpor				
eun u			NSTRUCTION LLC		•	
SUBJEA	ι: <u></u>		Name of Limit	ed Liability Company		
The enc	losed Arti	cles of Am	endment and fee(s) are subn	nitted for filing.		
Please re	eturn all c	orresponde	nce concerning this matter t	o the following:		
			MARIET OSTOS			
		Name of Person SUCCESS BUSINESS SOLUTION				
		Firm/Company 2751 S CHICKASAW TRAIL STE 106				
		Address ORLANDO FL 32829				
			City/State and Zip Code FATIMA@MARIETOSTOS.COM			
For furt	her inforn	nation conc	E-mail address: (t erning this matter, please ca	o be used for future annu	ial report notifica	ilion)
MARI	ET OSTO)S		407 at ()		
		Name of Pe	rson	Area Code	Daytime T	elephone Number
Enclose	d is a che	ck for the f	ollowing amount:			
\$ \$25	5,00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILING Registration	G ADDRESS: on Section		ET/COURIER	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORIVEN CONSTRUCTION LLC		28150070	9 Pii 12: 30
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on of imited Liability Company)	our records.)	- miz: 30
The Articles of Organization for this Limited Liability Cor	npany were filed on04/17/2	2019	and assigned
lorida document numberL19000105992			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limite	d liability company here:		
ORIVEN SERVICES LLC			
he new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or th	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:			
• •			
<u>Principal office address MUST BE A STREET ADDRE</u>	<u> </u>		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
			
3. If amending the registered agent and/or registe	red office address on our	r records, en	ter the name of the no
egistered agent and/or the new registered office addre		records, <u>en</u>	
			
Nivers of Nov. Davistonal Acoust			
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	ı
	City		Zıp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	EDUARDO J NARANJO	11594 WESTWOOD BLVD APT 1622 ORLANDO FL 32821	🗆 Add
			□ Remove
			≡ Change
			□ Remove
			Change
			☐ Remove
			Change
			Add
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	10/22/2019
Effect	ive date, if other than the date of filing:
Note:	If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) runstant to 603,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
ne re 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	ORLANDO 22th OCTOBER 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00