Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations Fax Number : (850)617-638	83	
From:		2 11 79 usiness entity to be use	ed for future 18 DEC 18
<u></u>	LLC AMND/RESTATE/CO IRLY CONTR	RRECT OR M/MG R RUCTION LLC	ESIGN D
	Certificate of Status	0	=
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

10.	Division of Corp		,	•		
		Y CONSTRUCTION LLC				
SUВЛ	ECT:	Name of Limit	ed Liability Company			
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please	return all correspon	ndence concerning this matter to	o the following:	,		
			IRLY S. COSTA LIMA,			
			Name of Person			
			MANAGER			
			Firm/Company			
			4303 NW 6TH AVE			
			Address			
		PO	MPANO BEACH, FL 33064			
			City/State and Zip Code			
		v.a	businessolutions@gmail.com .			
			o be used for future annual report notifi	cation)		
For fi	urther information o	oncerning this matter, please co	dl:			
IRLY	S COSTA LIMA		772 . 801-7510 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclo	osed is a check for t	he following amount:				
# 5	\$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 Addre		<u>Street Address:</u> Registration Sc	ction		
	Registration	Section Corporations	Division of Corporations			
	P.O. Box 63		The Centre of T	Callahassee		
	Tallahassee,		2415 N. Monro	e Street, Suite 810		
	•		Tallahace AA Hi	. 17 10.1		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IRLY CONSTRUCTION LLC	
(Name of the Limite	d Liability Company as it now appears on our re A Florida Limited Liability Company)	<u>kards.)</u>
T 10000127756	ability Company were filed on 05/21/2019	and assigned
This amendment is submitted to amend the follo		ECCAL DE
 If amending name, enter the new name of 	the limited liability company here:	>
OVER CLEN	LLC	-
The new name must be distinguishable and contain the wi	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
the tien, traine titres on gradingaminate and parties are	· · ·	
(Name of the Limited Liability Company as it now sopears on our records.) (A Florida Limited Liability Company) and assigned orida document number		
	me of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) his Limited Liability Company were filed on 05/21/2019 and assigned 19000137256 mend the following: new name of the limited liability company here: OVER CLEN LLC	
1 The cipus Office sum coo most 200		. —
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or r agent and/or the new registered office addre	egistered office address on our records, <u>s</u> ss here:	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida
	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 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
			□Add
			□Remove
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			□Add
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			Change
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Effective date, if other is the effective date is listed Note: If the date insert document's effective date.	, the date must be spe ed in this block do	es not meet th	it approgore o	of filing or more tatutory filing re	(option than 90 days after equirements, this	filing.) Pursuant to 60)5,02 sted
e record specifies a dele rd is filed.	iyed effective date,	but not an ef	fective time, a	12:01 a.m. on	the earlier of: (b) The 90th day aft	ter t
DECEMBER	. 18	201	19				
Dated				`			
Dated		7	m Dellan	白			
Dated		Ture of a memb	er or authorized	representative of	a member		

Filing Fee: \$25.00