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(Red	uestor's Name)	-
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PICK-UP	MAIT	☐ MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	O miles	LLC ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Jer	er Cordero Name of Person	
		_	Name of Person RIES LLC Firm/Company	
		1300 Mont	goneizy Bell	Rd.
		Wesley Ch	apel FL 335 City/State and Zip Code	543
		Jezer y	Pamela 6 6 to be used for future armual re	mg[]. COm port notification)
For fu	rther information c	concerning this matter, please ca	all:	
	Pame 19 Name o	Feenandez of Person	at (<u>571</u>) Area Code	225 – 920 8 Daytime Telephone Number
Enclos	sed is a check for t	he following amount:		
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

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

O MILES,	LLC	and an area and an area and area.	2019 1:0" 20 PH 2: 59
(Name of the Limited (A	Florida Limited Liability (ow appears on our records.) Company)	- 09
The Articles of Organization for this Limited Liab Florida document number L 1900020507	oility Company were fi	led on August 12,	2019 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	ne limited liability con	npany here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	any," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		dress on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	-
	Circ	, Flor	i da 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 Name Address **Type of Action** MGR Jezer J CORdero Vesquez 1300 Montgonery Bell Rd. - Add (the little should be Wesley Chapel, FL 33S43 Remove Changed from AR to HGR) ______ Change Jose G Ramos Arnigs G120 Topher TRL, Apt. G120 -Add (the fittle should be Mulberizy, FL 33860 Remove Changed from AR to MGR) X Change □ Remove _□ Change 🗆 Add □ Remove □ Change □ Add ☐ Remove _□ Change □ Add □ Remove

☐ Change

D. M amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated November 14th 2019
Signature of a member or authorized representative of a member
Teren Corden

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00