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.

(((H20000272603 3)))



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

To:	Division of Co	prporations	
		: (850)617-6383	
			2020
From:			. 20
		: RC TAX SERVICE LLC	· · AUG
	Account Number	: I20140000083.	5
	Phone	: (407)932-0040	
	Fax Number	: (407)520-5473	0
			<b>→</b>
Enter	the email addre	ss for this business entity to	troce nlesse ** CO
an	nual report mail	ings. Enter only one email add	iress please.
			_
Em	ail Address:		<u> </u>
<del>,</del>	2 7 4 7 4 T T T T T T T T T T T T T T T T	The production of the second s	to the Court pay to secure measures are the up-time and

## OJ IMPROVEMENT SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER

AUG 1 1 2020

## COVER LETTER

	gistration Sec vision of Corp				·		
		EMENT SOLUTIONS LLC					
SUBJECT:	<u> </u>	Name of Limit	ed Liability Company	<u> </u>			
				* at*			
The enclose	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please retur	n all correspor	ndence concerning this matter t	o the following:				
·		OZZY J JIMENEZ		·: ·			
		<u> </u>	Name of Person		<del>_</del> ·		
		OJ IMPROVEMENT SOL	UTIONS LLC	· · · · · · · · · · · · · · · · · · ·	_		
		No. of the second	Firm/Company		<del></del>		
	,	3636 MOCA DR		. Links - into			
	•		Address		<del></del>		
		SAINT CLOUD, FL 34772	2				
	•	to the production of the second	City/State and Zip Code				
		<u> </u>	to be used for future annual report no	· ·	_		
		E-mail address: (	to be used for future annual report no	tification)			
For further	information co	oncerning this matter, please co	all:				
OZZY J JI		· · · · · · · · · · · · · · · · · · ·	407 9905894 at () : Arèa Code Dayti		· 		
	Name of	Personi Touris de la contraction de la contracti	: Area Code Dayti	me Telephone Num	ber		
Enclosed is	s a check for th	e following amount:					
	) Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	/additional sony is enclosed)			
			and the series of the series		ini oop, it moreon,		
· R T P	Division of C O. Box 632	<u>s:</u> Section:	Street Address: Registration S Division of C The Centre of 2415 N. Mow Tallahassee, I	ection orporations Tallahassee roe Street, Suite	e 810		
			The strateging of the first of the strateging of	5 88a 74 1 75 8 1 75 8 1 75 8	e Hijmaa teen. Berne oo saaan ee ko Oo Saaa oo Esees oo soo soo oo		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OJ IMPROVEMENT SOLUTIONS LLC	<u> </u>	
(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/30/2019	and assigned
I LOODONASIST	company word mad on	0
Florida document number L19000245157	· ·	
This amendment is submitted to amend the following:	The second of th	
A. If amending name, enter the new name of the lin	nited liability company here:	
		•
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
·		
Enter new principal offices address, if applicable:	: 3636 MOCA DR	
Principal office address MUST BE A STREET ADD	DRESS) SAINT CLOUD, FL 34772	
		28
	Met de la companya della companya della companya de la companya della companya de	
Enter new mailing address, if applicable:	3636 MOCA DR	
(Mailing address MAY BE A POST OFFICE BOX)	SAINT CLOUD, FL 34772	
Maring man ass range by the day of the same of the sam		$\triangleright$
The state of the s		<del>დ • • • • • • • • • • • • • • • • • • •</del>
B. If amending the registered agent and/or register	ed office address on our records, enter the name	ent the new regi
agent and/or the new registered office address bere		
	e dia mandra di Santa	
Name of New Registered Agent:		
ranto of rew registates a racing		
New Registered Office Address:		
	Enter Florida street address	,
	Florida	
		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

والأراف والأيوال الأواف لانورو ووالم

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 = M $AMBR = A$	Anager Authorized Member	e de la companya de La companya de la co	
<u>Title</u>	Name	Address	Type of Action
MGR	OZZY J JIMENEZ	3636 MOCA DR	
		SAINT CLOUD, FL 34772	□Remove
	·		■ Change
AMBR	MARIA PENA A PROPERTIES PROPERTIES AND A	e-3636/MOCA DR je jedijeje 1888 tile tili	a da la de la companya da
		SAINT CLOUD, FL 34772	□Remove
			⊞Change
		7.55 (A)	□Add
		TOPOLOGICA PER SERVICE	
			□ Change
	e egeng om kommune græden er kommune græde. Fra de skriver	and the second s	Add
		, Net Western To A	□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
	<u></u>		□Add
			···· □Remove
		The state of the s	☐Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
		<u> </u>	: □Change

		٠	• ••							•
ending	any other in	ıformation,	enter char	nge(s) her	: (Attacl	h additio	nal she	ets, if nec	essary.)	
~		•		•			-, ,,			•
									•	·
		<u></u> .		· · · · · · · · · · · · · · · · · · ·	·			<u>.' .</u>		
	<u> </u>	`	,	<del> </del>	<del></del>		•			
		· .						· ·		·
			· · · .				·			, · · ·
										: ···
					<u></u> ·		<u> </u>			
	·	•					·	<del></del>		
			<del></del>		<u> </u>	<del> </del>	Q14 - 24		*, *,*	<del>.</del>
		,	_							
		,								
								· · dige of second		·
	<u> </u>		.,		•••	,				
	<del></del>	· · · · ·					1, 1	1:		<del></del>
	, 		· · ·					· ·		
		•	• •		,			 		
	·									
	<u> </u>							,		
						<del></del> .				<del></del>
	•	•••		•						
ffective	ate, if other to date is listed, the	date must be s	perific and ca	annot be prio	r to date of	filing or m	ore than	opt 90 days afte	r filing.) Pr	ırsuant to 605.
: If the	date inserted i	in this block d	loes not me	et the appli	cable statu	itory filin	g requi	rements, th	is-date wi	I not be liste
							······		· ·	
ord spec	cifies a delayed	l effective dat	e, but not a	g effective	time, at 12	:01 a.m.	on the	earlier of: (	b) The 9	0th.day after
filed.				•	_					
d	9-10	- 707	)1)	•			·	•		•
<u> </u>			<u> </u>		<del></del> '					
	079	51.1					<del></del> ;	···		<del></del>
		Sign	ature of a me	ember or auti	norized <del>ré</del> pi	resentative	otam:	ember		
	VZZC	$\sqrt{3}$	Zir	Newe	·ζ	• . •		: .		
-			<u> </u>	Typed or prin	ited name o	f signee	-		•	<del></del>
		:		• •						
			• •					14.44	· ;	