L19000300608

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COVER LETTER

TO: Registration Se Division of Cor		
	ESTMENTS, LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspond	ondence concerning this matter	to the following:
	Alberto Marquez	
		Name of Person
	· · · · · · · · · · · · · · · · · · ·	Firm/Company
	3055 NW 126 Avenue, #	4416
		Address
	Sunrise, Florida 33323	
		City/State and Zip Code
	alberto@ocninc.us	
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please c	all:
Alberto Marquez		305 . 490 4751
Name o	of Person	at (305) 490 4756 Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Pagistration Section
Registration Division of (Registration Section Division of Corporations
P.O. Box 63:		The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Lim	ited Liability Company es it any annea	
V <u>rance of the rivin</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	es on out recotive)
The Articles of Organization for this Limited I Provide document number L19000300608	Liability Company were filed on D	ecember 16, 2019 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE	EBOX)	
B. If amending the registered agent and/or	registered office address on our i	ecords, enter the name of the new roois
gent and/or the new registered office addr	ess here:	etotto, enter me name of the new region
	A 15	
Name of New Registered Agent:	Alberto Marquez	
New Registered Office Address:	3055 NW 126 Ave #416	
	Enter Flo	rida street address
	Sunrise	, Florida 33323 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
l hereby accept the appointment as register		
provisions of all statutes relative to the pro accept the obligations of my position as reg		

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.

X Horto Marquez.
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
			□Add
			□Remove
			Change
			□Add
			□Remove
			[]Change
			□Add
			CIRemove
			□Change
			🗇 Add
			□Remove
		·	□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change.

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Note:	tive date, if other than the date of filing:
e reco rd is f	
Dated	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00