

L20000040720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700354448127

11/06/20--01012--028 **30.00

01-04-5-101002

US
12/13/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Partners LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Hunter Ovington-Winters

Name of Person

Central Florida Partners LLC

Firm Company

4490 Millicent Cir.

Address

Melbourne, FL 32901

City State and Zip Code

sam@ovington.io

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Hunter Ovington-Winters

Name of Person

area 386 451-4670

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Central Florida Partners LLC

Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/04/2020 and assigned
Florida document number L20000040720

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ovington and Associates LLC

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 applicable:

4490 Millicent Cir. Melbourne, FL 32901

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4490 Millicent Cir. Melbourne, FL 32901

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Samuel Hunter Ovington-Winters

New Registered Office Address: 4490 Millicent Cir.

Enter Florida street address

Melbourne

Florida 32901

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 665, 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>	<u>Address</u>	<u>Type of Action</u>
PRES	Gabriel A Colon	421 N. Woodland Blvd. Unit 7851, DeLand, FL. 32720	☐ Add ☒ Remove ☐ Change
MGR	Makayla May Burnett	4490 Millicent Cir. Melbourne, FL. 32901	☒ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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

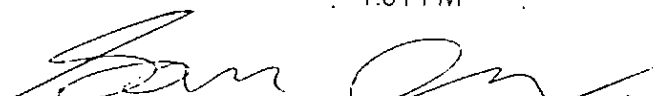
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/30/2020 1:01 PM



Signature of a member or authorized representative of a member

Samuel Hunter Ovigton-Winters

Typed or printed name of signee