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COVER LETTER

Oviedo Nur	nber One LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ramon Oviedo Vielma		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Ramon Oviedo Vielma		
	<u> </u>	Firm/Company	
	5180 Millenia Blvd Apto	02	
		Address	
	Orlando, FL 32839		
		City/State and Zip Code	
	oviedonumber1@gmail.cor		
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Alexander Oviedo	<u></u>	407 801-2451 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632		The Centre of	Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oviedo Number One LLC

20207: 25 /4 9:41

(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 I Florida document number <u>L20000056698</u>		were filed on 02/19	/2020 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here	;
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5180 Millenia Blvd Apto 102	
		Orlando FL	
		Zip Code 32839	
		5180 Millenia Blvd Apto 102 Orlando Fl.	
		B. If amending the registered agent and/or agent and/or the new registered office addr	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Floride	street address
	N/A		, Florida _ ^{N/A}
		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

Action -
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_____ □ Remove

N/A	
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Do	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective d is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2020
March 16	
Dated March 16	
Dated March 16	 1210
Dated	Signature of a member or authorized representative of a member