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COVER LETTER

Division of Cor	Dorations		
SUBJECT: 0.T	M. Sevul	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Michelle	Levsey + Sur	AN Carlos Farias
	0.T. M.	Services LI	<u> </u>
	8851 NW	15th Street	
	Plantation	FL 3332 Cidy/State and Zip Code	2
	Michelle he	USCU1973 O Le to be used for future annual Accort nou	atro grail COM
For further information c	oncerning this matter, please co	aii:	
Michelle	Kersey FPerson	at (754) 308-5 Area Code Davtim	5487 c Telephone Number
Enclosed is a check for the	ne following amoun:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Status & Certified Copyautuonal copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations 2.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now A Florida Limited Liability Company	appears on our records.)				
The Articles of Organization for this Limited Liability Company were filed Florida document number 12000000402					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability comp	any hers				
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:					
(Principal office address MUST BE A STREET ADDRESS					
Enter new mailing address, if applicable:	1				
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>				
3. If amending the registered agent and/or registered office address on <u>gent and/or the new registered office address here</u> :	our records, enter the name of the new registered				
Name of New Registered Agent:					
New Registered Office Address:					
रिव	Enter Florida street address				
City	Florida				
New Registered Agent's Signature, if changing Registered Agen:	Zib Coat				
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performan					

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 **Title** Name <u>Address</u> Type of Action Michelle Revsey 8851 NW 15th St BAdd
Plantatation, FL33322 _____ 🗆 Change MARR SUAN Cerros Fari AS BASINW 1549SE BAGO Plantation FL33266 □Remove ______ Likemovs _____ LIA00 __ Change

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If an effective date is <u>Note:</u> If the date	f other than the date of a listed, the date must be specifinserted in this block does live date on the Department	fic and cannot be prior to da not meet the applicable	ite of filing or more than 90	(optional) days after filing.) Pursuant inents, this date will not b	to 605.020 e fisted a
e record specifies ed is filed.	a delayed effective date, bu	it not an effective time.	at 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
Dated # DE	£ 30th, 6	1020			
	Signature	of a member or authorize	representative of a memb	cr	
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Filing Fee: \$25.00