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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OVM GOVICES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ondo V. Marcof Person
OVMB SCNICES LLC. Firm/Company
14623 beerford way
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oriona V. Moreno rivaz ar (391, 695.767)
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (cadditional copy is enclosed)  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

Name of the Limited Liability Comme	25 LLC	
(A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>11/06/12(</u>	DO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabi	105 LLC	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MOZZ WEELFR	32824
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	14623 heelf arond of Fi	and way
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ámelof the new-registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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
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f the date inserted in this block does not meet the applicable statutory filing requint's effective date on the Department of State's records.	irements, th	nis date will n	ot be li	sted as
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the d.	earlier of: (	(b) The 90th	ı day afi	er the
november 19. 2020				
Well Water	VU			
Signature of a member or authorized representative of a m	ember	c)		