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TO:

Registration Section Division of Corporations

SUBJECT:	Our Family Sales LLC.		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	ibmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
		Evelyn Perez	
		Name of Person	
		Our Family Sales LLC.	
		Firm/Company	
	•	3601 NW 106 St	
		Address	
		Miami, FL 33147	
		City/State and Zip Code	
		general l@gmail.com	
	E-mail address.	(to be used for future annual report noti	fication)
For further informa	ntion concerning this matter, please	eall:	
	Evelyn Perez	786 6602144 at ()	
1	Same of Person	Area Code Daytim	e Telephone Number
			TOTAL KAY
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing l	Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registra	address: tion Section	Street Address: Registration Sec	otion
	of Corporations	Division of Cor	
P.O. Box	x 6327	The Centre of T	allahassee
Tallahas	see, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Our Family Sales	LLC		
	(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appoility Company	ears on our records.)	
The Articles of Organization Florida document number		oility Company we	ere filed on _	may, 1,2021	and assigned
This amendment is submitted		ring:			
A. If amending name, ente	r the new name of t	he limited liabilit	y company	here:	
The new name must be distinguish	able and contain the wor	ds "Limited Liability	Company," the	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices	address, if applicab	ole: _	<u> </u>		
(Principal office address M)	UST BE A STREET	ADDRESS)			
Enter new mailing address (Mailing address MAY BE)	• •	o x o			202
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Trom office by			11	
B. If amending the register	ed agent and/or reg	istered office add	iress on our	r records, enter the	name of the new register
agent and/or the new regist	ered office address	<u>here</u> :			> · · 7
					≡ J
Name of New Regi	stered Agent:			·	24
New Registered Of	Tice Address:				
			Finter F	Florida street address	
				, Florid	2
			Cirv	, I 107 NG	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Evelyn Perez	3601 NW 106 ST Miami FL 33147	
			□Remove
			■ Change
			□Add
			□Remove
			Change
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- 10		<u></u>	□Add

D. If amending any other inform:			
			
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ist be specific and cannot be prior to da lock does not meet the applicable	(optite of filing or more than 90 days after statutory filing requirements, the	r filing.) Pursuant to 605,0207 (3
the record specifies a delayed effective ord is filed.	ve date, but not an effective time.	at 12:01 a.m. on the earlier of: ()	b) The 90th day after the
Dated	1.90 pm		
	Signature of Amember or authorized	Inspreentuive of a manker	
	Evelyn Perez	тергевенияме от а пениост	

Typed or printed name of signce