

L21000254276
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
 Account Number : 120020000100
 Phone : (305)944-9755
 Fax Number : (888)401-1914

... **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG DESIGN
OJALDE OVALLE INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2021 JUN 30 AM 10:29

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 FLORIDA DEPARTMENT OF STATE
 2021 JUN 30 AM 9:48

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OLALDE OVALLE INVESTMENTS 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:

JUAN OLALDE

Name of Person

OLALDE OVALLE INVESTMENTS LLC

Firm/Company

5014 LAGUNA BAY CIRCLE APT 104

Address

KISSIMMEE, FL 34746

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call:

JUAN OLALDE

Name of Person

at ()

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

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 2021 JUN 30 AM 9:48
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLALIDE OVALLE INVESTMENTS 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 06/07/2021 and assigned
Florida document number 121000262599.

This amendment is submitted to amend the following:

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

N/A

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)

5014 LAGUNA BAY CIRCLE

APT 110

KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5014 LAGUNA BAY CIRCLE

APT 110

KISSIMMEE, FL 34746

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:

SILVAS FINANCIAL SERVICES, LLC

New Registered Office Address:

5220 S UNIVERSITY DR SUITE 102

Enter Florida street address

DAVIE

City

Florida 33328

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.

Mario Silva

If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	OVALLÉ, SOLEDAD	5014 LAGUNA BAY CIRCLE APT 104	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OLALDE, MARIA JOSE	5014 LAGUNA BAY CIRCLE APT 104	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OLALDE, ANDREA	5014 LAGUNA BAY CIRCLE APT 104	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OLALDE, CATALINA	5014 LAGUNA BAY CIRCLE APT 104	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OLALDE, ANTONIA	5014 LAGUNA BAY CIRCLE APT 104	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 SEC. OF STATE
 MAIL ROOM
 CLERK

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E. Effective date, if other than the date of filing: 06/30/2021 (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 JUNE 30, 2021*Juan Olalde*

Signature of a member or authorized representative of a member

JUAN J OLALADE

Typed or printed name of signer

Filing Fee: \$25.00