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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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Certified Copies Certificates of Status	
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Office Use Only

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COVER LETTER

	Registration So Division of Cor			
cup iec	OCROVI I			
SUBJEC	I:		nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		ANGELICA M PALACIO	OS CELIS	
			Name of Person	
		OCROVILLC		
			Firm/Company	
		3012 CRESTVIEW LANI	3	
			Address	
		LABELLE, FL 33935		
			City/State and Zip Code	
		GERENCIA@OCROVLCO	DM to be used for future annual report not	17 and and
For further	r information c	oncerning this matter, please c		meation
	CA M PALACI	-	57 3113881491	ı
Name of Person		at ()	ne Telephone Number	
Enclosed i	is a check for th	ne following amount:		
\$25.00	0 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)
	<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	rction
Division of Corporations			Division of Cor	rporations
	2.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OCROVI LLC

2023 JUN 23 AM 7: 5:

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company) ALLARIA SEL, SEL, SEL, SEL, SEL, SEL, SEL, SEL,
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number L21000295264
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
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:
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 Pcrson(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
AMBR	JULY VILLEGAS GALLEGOS	3012 CRESTVIEW LANE LABELLE, FL 33935	= Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□ Add
			□Remove
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Mective date, if other than the date of filing: 106/09/2023 206/09/2			 _
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 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 signature of a member or authorized representative of a member.			
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