## 121000328805

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
•		

Office Use Only 5.C.



100371318271

08/10/21--01021--012 \*\*25.00

10 All: 24

()

## **COVER LETTER**

TO: Registration S Division of Co				
	PARTY LLC		•	
SUBJECT:	Name of Lin	ited Liability Company	<del></del> -	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
	pondence concerning this matter			
	DANTE VILLASIS			
		Name of Person	<del></del>	
	OLEGO PARTY LLC			
		Firm/Company	<del></del>	
	2700 CONNIE AVE SOU	ТН		
		Address		
	LEHIGH ACRES, FL 339	76		
		City/State and Zip Code		
	dante@olego.pc	1	Carra	
For further information	concerning this matter, please c	to be used for future annual report noti all:	(Cattory	
DANTE VILLASIS		239 8217713	·	<b>(</b> )
Name	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:		e;	•
■ \$25.00 Filing 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)	
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our record	<u>is.</u> )
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/20/2021	and assigned
Florida document number L21000328805		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
		·:
		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
<del></del>		Ġ.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	e)
	FI	orida
	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 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
AMBR	ALGOVARO SAC	CALLE GAMMA 256,OFICINA 201	□Add
·		PARQUE INT., CALLAO.LIMA 22356 PE	■Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Remove
<del></del>			🗆 Add
		□Remove	
			□Change
	<del></del>		🗆 🗆 Add
			Remove
			Elek

AT THIS MOMENT				<u>-</u>
	<del></del>	<del></del>		
	<del></del> -	<del></del>		
		· · · · · · · · · · · · · · · · · · ·		<del></del>
· · · · · · · · · · · · · · · · · · ·				
<del></del>				
<del></del>				
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>		<del></del>	<del> </del>
			7	
<u> </u>				
	- A C C!!		(ontional)	~
ive date, if other than the deceive date is listed, the date must b	e specific and cannot be prior to da	ite of filing or more than	90 days after filing.) Pur	suant to 60
If the date inserted in this block	k does not meet the applicable	statutory filing requir	ements, this date will	not be lis
ent's effective date on the Department	artment of State's records.		11: 24	•
			$I_{L_0}$	
d specifies a delayed effective of	late, but not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90	th day aft
ed.				
JULY 28	2021			
. W///as	75°/\			
Si	gnature of a member or authorize	d representative of a me	mber	