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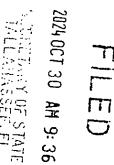
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

.TO: Registration So Division of Cor			
C11D 102CT	ESTMENT GROUP LLC		
SUBJECT:		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MADELEIN HARRIS SE	GOVIA	
		Name of Person	
	OVA INVESTMENT GR	OUP LLC	
Firm/Company			
	4144 GREENWAY DR		
		Address	
	OVAINVESTMENTGROU	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
MADELEIN HARRIS		786 971-7315	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Cartificate 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)
Atuiting Adding		***	
<u>Mailing Addres</u> Registration :	Section	<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	•
P.O. Box 632 Tallahassee.		The Centre of '2415 N. Monro	Tallahassee oe Street, Suite 810
		Tallahassee, FI	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our re- Limited Liability Company)	<u>:ords.)</u>		
ompany were filed on 10/19/2021	and assigned		
ed liability company here:			
ted Liability Company," the designation "	LLC" or the abbreviation "L.L.C."		
<u> </u>	<del></del>		
ESS)			
	<b>20</b>		
	<b>2024</b> OCT		
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	9: 3		
office address on our records, en			
Enter Florida street aa	ldress		
City	, Florida Zip Code		
	ed liability company here:  ed Liability Company," the designation "  ESS)  Enter Florida street ad		

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MILAGROS P. PEREZ SEGOVIA	4144 GREENWAY DR	
		HOLLYWOOD, FL 33021	■Remove
			□Add
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Effective date, if other than the date of filing:	5.0207 (3 led as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte ord is filed.	ir the
Dated OCTOBER 22 . 2024	
Signature of a member of authorized representative of a member	
Madelein L. Horris Segovia.  Typed or printed name of signee	