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

From

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	Account Name	:	CLARA GIRALDO ENROLLED AGE	NT
	Account Number	:	I19990000017	
	Phone	:	(305)485-9300	
	Fax Number	:	(305)485-1098	

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 RESIGN **OT&M HOME SOLUTIONS, LLC.**

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Electronic Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OT&M HOME SOLUTIONS, 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 $\frac{04/29/2022}{2000}$ _____ and assigned Florida document number L22000178365 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." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

	N/A	. City	_, Florida	·· Z	<u>ယ</u> In Gode	
		Enter Florida street o	uddress	•	РH	
New Registered Office Address:	N/A				81,	
Name of New Registered Agent:	N/A				022 HA 1	

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
MGR	LUIS ENRIQUE OCHOA	420 NW 77TH WAY .	🖸 Add
		PEMBROKE PINES, FL 33024	🗃 Remove
			Change
MGR	LORENA DEL PILAR CACERES	420 NW 77TH WAY	
		PEMBROKE PINES, FL 33024	🗆 Remove
			🗍 Change
MGR	ALFONSO F. MIERYTERAN	420 NW 77TH WAY	🖬 Add
		PEMBROKE PINES, FL 33024	🗆 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(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) <u>Note:</u> 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	2022	
Jor	ge Salvay	
	Signature of a member or authorized representative of	f a member
JORGE SAIVAY		
i		
JORGE SAIVAY	Typed or printed name of signee	