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	To: Division of Corporations Fax Number : (850)617-6383	
	From: Account Name : CLARA GIRALDO ENROLLED AGENT 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:	
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	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OT&M HOME SOLUTIONS, LLC.	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OT&M HOME SOLUTIONS, LLC.		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000178365</u>	were filed on <u>04/29/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the a	bbreviation "L.L C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
(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 registered agent and/or the new registered office address here: ~ . ~ `

opistored Agent's Signature, if changing	Paristared Arent			õ	
		City	Zip	Code	<b>.</b>
	N/A	, Florida		<u> </u>	
<u> </u>		Enter Florida street address	••		E SO
New Registered Office Address:	N/A				
Name of New Registered Agent:					<u>سر – – – – – – – – – – – – – – – – – – –</u>
Manual Charles Designated Agents	N/A			H	
			<u>.</u> .	1022	

#### New Registered Agent's Signature, if changing

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	Address	<u>Type of Action</u>
MGR	LUIS ENRIQUE OCHOA	420 NW 77TH WAY	<b>X</b> Adđ
		PEMBROKE PINES, FL 33024	Remove
			□Change
MGR	LORENA DEL PILAR CACERES	420 NW 77TH WAY	🖬 Add
		PEMBROKE PINES, FL 33024	🗆 Remove
			Change
MGR	ALFONSO F. MIERYTERAN	420 NW 77TH WAY	
		PEMBROKE PINES, FL 33024	🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
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cord specifies : filed.	a delayed effectiv	e date, but pot an	effective time	, at 12:01 a.m.	on the earlie:	of: (b) The	90th day after t

## D

Dated		
Jorg	<u>e</u> <u>Saway</u> Signature of a member or authorized representative of a member	
JORGE SAIVAY		
	Typed or printed name of signee	

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