## L 2300021133

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

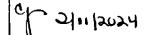




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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

OVARIVE SUBJECT:	R SERVICES LLC		
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN C OVALLES		
		Name of Person	<u> </u>
	OVARIVER SERVICES I	LLC	
		Firm/Company	•
	75 POLK AVE APT I		
		Address	
	CAPE CANAVERAL .FL	ORIDA,32920	
	<del></del>	City/State and Zip Code	
	OVARIVERSERVICESLL	~	
	E-mail address: (	to be used for future annual report n	otification)
For further information of	concerning this matter, please co	all:	
JUAN C OVALLES		407 375-1476	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration S	
Division of C		Division of C	
P.O. Box 632	27	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nco.

OVARIVER SERIVCES LLC	OVARIVER SERVICES LLC	ZUZ4 J. 1. 30 T. 1 9: 33
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L23000021133	Liability Company were filed on 01/10/2023	and assigned
This amendment is submitted to amend the fol	lowing:	
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office address.	L)	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	Lip 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
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			□Change
<u>.</u> _			□Add
			□ Remove
			Change
			□ Add
			□Remove
			□ Change

•	REMOVE ARTICLE III. Other provisions
f an ef <u>Note:</u>	tive date, if other than the date of filing:
d is f	
Dated	01/26/2024
	Signature of a member or authorized representative of a member
	DUANTES ORM

Typed or printed name of signee