L23000082111

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COVER LETTER

TO: Registration Se Division of Cor		. •	• .		
OGAN GR	OUP LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ADRIANA DIAZ				
		Name of Person		•	
	STAR TAXES INC				
		Firm/Company		707	
	13088 SW 132ND CT			2023 HOV 13 PN II: 5 SEGRETY BY LATER IN	11
		Address		- - ω	
	MIAMI, FL 33186			是 3	
		City/State and Zip Code			
	ADRIANA@STARTAXES				
Ear further information o	E-mail address: (oncerning this matter, please or	to be used for future annual report notif	ication)		
roi turnet imorniation c	oncerning this matter, prease co	tii.			
SASHA FUENTES		786 647-6878 at ()			
Name o	f Person	Area Code Daytimo	Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OGAN GROUP LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000082111</u> .	were filed on 02/14/2023	and assigned
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 Liabi	lity Company "the decimation "I I	C" or the akhraciation of 1 C"
Enter new principal offices address, if applicable:	7910 NW 25TH ST	SEC 850
Principal office address MUST BE A STREET ADDRESS)	SUITE 205	LE OV
	MIAMI, FL 33122	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PR + 5
Maung duaress MAJ BEATOST OFFICE BOA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	PAS
	F	lorida
-	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 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

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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 Note: If the date inserted in this block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605,0207 will not be listed as
document's effective date on the Department of State's records.	equirements, tims duce	Will hot be nisted as
the record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	ne, at 12:01 a.m.	on the earlier of
November 06) 2023		
Dated		
N.V		

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Filing Fee: \$25.00

Typed or printed name of signee