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COVER LETTER

			•
CI:	Name of Lim	ited Liability Company	
losed Articles	s of Amendment and fee(s) are sub	mitted for filing.	•
eturn all corre	espondence concerning this matter	to the following:	
	OSCAR FREITES		
		Name of Person	
	OSCAR FREITES SERVI	CES LLC	
		Firm/Company	
	432 NW 45 STREERT		
		Address	
	MIAMI/FLORIDA/33127		
	-	City/State and Zip Code	
	_		
	E-mail address: (to be used for future annual re	port notification)
her informatio	on concerning this matter, please co	all:	
FEITES		786 9120	
Nan	ne of Person	Area Code	Daytime Telephone Number
d is a check fo	or the following amount:		
.00 Filing Fco	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Ado	iress:	Street Ado	iress:
Registratio	on Section	Registrat	ion Section
	•		of Corporations are of Tallahassee
	Division of OSCAR CT: Rosed Articles eturn all corre eturn all corre Nar d is a check for .00 Filing Fee	OSCAR FREITES OSCAR FREITES OSCAR FREITES SERVI 432 NW 45 STREERT MIAMI/FLORIDA/33127 OSCARFREITES1959@Gi E-mail address: (ner information concerning this matter, please of the plant of the plan	OSCAR FREITES SERVICES LLC Name of Limited Liability Company Rosed Articles of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: OSCAR FREITES Name of Person OSCAR FREITES SERVICES LLC Firm/Company 432 NW 45 STREERT Address MIAMI/FLORIDA/33127 City/State and Zip Code OSCARFREITES1959@GMAIL.COM E-mail address: (to be used for future annual respective information concerning this matter, please call: FEITES Name of Person Area Code d is a check for the following amount: 00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Ade Registration Division

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2023 OCT 10 AH 7: 44

If Changing Registered Agent, Signature of New Registered Agent

OSCAR FREITES SERVICES LLC				
(Name of the Limited Liz	ability Company orida Limited Liab	as it now appears of ility Company)	on our records.)	
The Articles of Organization for this Limited Liability	ty Company we	ere filed on JUNI	E 21 2023	and assigned
Florida document number L23000298914				
This amendment is submitted to amend the following	g :			
A. If amending name, enter the new name of the	limited liabilit	y company hero	<u>:</u> :	
The new name must be distinguishable and contain the words	"Limited Liability	Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	·•			
(Principal office address MUST BE A STREET AL				
(Principal office address 51031 BE A STREET AL	<u>DDRESO7</u>			
	-			
and the Manufley Hand				
Enter new mailing address, if applicable:		_ -		
(Mailing address MAY BE A POST OFFICE BOX	<u>X)</u>			
B. If amending the registered agent and/or regis	stered office ad	dress on our rec	cords, enter the nan	ne of the new registere
agent and/or the new registered office address he	ere:		<u> </u>	
Name of New Registered Agent:				
				
New Registered Office Address:		Enter Flori	da street address	
			Clorido	
		City	Florida _	Zip Code
New Registered Agent's Signature, if changing Regi	istored Ament:	•		
			anagina I farthar a	waa to comply with th
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a	gent and agree und complete n	e to act in inis c serformance of t	upacity, 1 juriner az my duties, and I am	familiar with and
	red agent as Di	ovided for in C	napter 005, r.s. Oi	, y inis aocumeni 🛚 –
being filed o merely reflect a change in the regi	istered office a	ddress, I hereb	y confirm that the l	mited liability
company his been notified in writing of this cha	inge.			

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
MGR	MARISOL TORCATT	432 NW 45 STREET MIAMI FLORIDA 33127	\ Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			Change

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fective date, if	other than the date	of filing:		(opt	ional)
n effective date is	listed, the date must be sp	ecific and cannot be pri	or to date of filing or	more than 90 days afte	r (iling.) Pursuant to 605.0 is date will not be listed
	ve date on the Departn			ng requirements, to	is date will not be listed
ecord specifies :	delayed effective date	, but not an effective	time, at 12:01 a.m	, on the earlier of: (b) The 90th day after
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is filed.		<u> </u>	·		
is filed.	eque				
is filed.	guiju		thorized representative	ve of a member	
is filed.		ature of member or au	thorized representative of signee	/1 \./	<u>α</u> 9 .`

Filing Fee: \$25.00