## L23000317538

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



## **COVER LETTER**

TO:			· •	
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SUBJE	CT:	CA Services		· · · · · · · · · · · · · · · · · · ·
		Name of Lim	ited Liability Company	
	enclosed Articles of Amendment and Ice(s) are submitted for filling.  See return all correspondence concerning this matter to the following:  Colsa Oca Name of Person  Oca Scruices UC  Firm/Company  4404 Sooth Orange Blossom trail  Address  Kissimmee Florida 34746  City/State and Zip Code  Celsa oca Bhotmail Com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Colsa Oca Signed Area Code Daytime Telephone Number  Colsa Oca Daytime Telephone Number  Contificate of Status Certified Copy  (additional copy is enclosed)  Certificate of Status & Certified Copy  (calditional copy is enclosed)			
The end	Division of Corporations  DECT: OCA Services LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  Services LLC  Colsa Oca  Name of Person  Oca Services LLC  Firm/Company  4404 South Orange Blossom trail  Address  Kissimmee Florida 34746  City/State and Zip Code  Colsa Oca  Umail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Colsa Oca  Name of Person  at (754)  Area Code  Daytime Telephone Number  S25.00 Filing Fee  Certificate of Status & Certified Copy  Certificate of Status & Certified Copy			
Division of Corporations  SUBJECT: OCA Secvices LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Celsa Oca  Name of Person  Oca Services LLC  Firm/Company  4404 Sooth Orange Blossom trail  Address  Kissinmee, Florida, 34746  City/State and Zip Code  Celsa Oca  Be-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Celsa Oca  Name of Person  Area Code Daytime Telephone Number  Einclosed is a check for the following amount:  58 \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)				
			Celsa Oca	
			Name of Person	
		Oca Serv	rices UC	
			Firm/Company	
		4404 500	ith Ocange 3	lossomtrail
			Address	,
		1	Fl.: 10 24746	a
		KISSIMMEE,	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report no	stification)
For furt	her information c	concerning this matter, please ca	all:	
	( . ) < .	Oac	J54. 212-	&452
		of Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>5</b> \$2∶	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address		Street Address:	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UCA Services		
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability ComFlorida document number $L23000317538$ .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECAL ARY OF ALLAHASSEE.
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter t	he name of the new registere
Name of New Registered Agent:		<del>-</del>
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	

company has been notified in writing of this change.

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adderor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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