## 123000495599

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	Ozume LLC			
SUBJECT:		nited Liability Company		
			,	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	(	OSbaldo Aviles Name of Person		
	<del>.</del>	OZUME LLC Firm/Company		
		Евти Сопралу		
	9474 Windern	NETE LAKE Dr. APT 202 Address		202 SE:
	Kivervie	W 7L 33578 City/State and Zip Code		NOV .
		2777@ g mcis - Corm (to be used for future annual report noti	tication)	2023 NOV 14 AM 10: 58 SECRCIANT OF STATE TALLAHASSEE, FL
For further information c	oncerning this matter, please of			10: 5 STAT
Osbaldu A.	riles "OZZY"	at (813) 998 - Area Code Daytim	4480 e Telephone Number	<u> </u>
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address		Street Address: Registration Se	ction	
Registration S Division of C		Registration Se Division of Cor		
P.O. Box 632	-	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O Z DME	LLC										
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears : liability Company)	on our records.)		_							
The Articles of Organization for this Limited Liability Company were filed on 10/31/2023 and assigned											
Florida document number <u>LZ3 080495599</u> .											
This amendment is submitted to amend the following:											
A. If amending name, enter the new name of the limited liabi	lity company her	<u>≅</u> :									
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the des	ignation "LLC" or the	abbreviatio	n "L.L.C.	<del></del>						
Enter new principal offices address, if applicable:					<u></u>						
(Principal office address MUST BE A STREET ADDRESS)											
					<del></del>						
			(A)	~							
Enter new mailing address, if applicable:			<u> </u>	023							
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>							
			=====	<del></del>	وعودي						
B. If amending the registered agent and/or registered office a			800 000	<del>22-</del>							
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our rec	oras, <u>enter the na</u>	ime or the	new re	gistered						
-			L'ATE	58							
Name of New Registered Agent:											
New Registered Office Address:											
New Registered Office Address.	Enter Florid	a street address		-							
		, Florida									
	City		Zip C	ode							
New Registered Agent's Signature, if changing Registered Agent:											
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change	performance of m provided for in Ch	y duties, and I an apter 605, F.S. C	n familiar Pr. if this d	with ar locumer	nd						

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>	<u>Name</u>	Address	Type of Action
MGR	Osbaldo Aviles	9429 Windermere Lake Or.	□ Add
		9479 Windermerelake Dr. Apt Zoz Riverview, H. 335	78 □Remove
			<b>S</b> Change
			□Add
			□Remove
			□ Change
_ <del></del>			□Add
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			Change
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			□Remove
			Change
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d specifies a d led.	delayed effe	ective dat	e, but no	ot an effecti	ve time	, at 12:	01 a.m. on the	e cartic	r of: (b)	The 90t	h day afte
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		Sign	ature of a	member of	authoriz	ed repre	sentative of a r	nember			

Filing Fee: \$25.00