L23000525059

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	·
The Articles of Organization for this Limited Liability Company value of Organization for this Company value of Organization for this Organization	were filed on 11/21/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
OVLI HOME DESIGNS LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• • •		5-5
Principal office address MUST BE A STREET ADDRESS)		
		1
		;
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
Tuning address MAT DE AT OST OFFICE DOA		
		<u>သ</u>
. If amending the registered agent and/or registered office accent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LOVELI HOME DESIGNS LLC

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

COVER LETTER

	gistration Se vision of Coi			
SHD IECT.		OME DESIGNS LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		LILIANA BAIRD		
			Name of Person	
			Firm/Company	
		8331 WHISKEY PRESER	RVE CIR. 440	
			Address	
		FORT MYERS, FL 33919		
		LOVLIHOMEDESIGNS@	City/State and Zip Code GMAIL.COM	-
		E-mail address: (to be used for future annual report noti	fication)
For further is	nformation c	oncerning this matter, please c	all:	
LILIANA B	AIRD		239 989-4961 at ()	
	Name of	f Person		e Telephone Number
Enclosed is a	a check for th	ne following amount:	V 13	
編 \$25.00 I しら	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	iling Addres		<u>Street Address:</u> Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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
			□Add
			Change
		·	□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

	(tugch additional sheets, if necessary.)
vice any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
amending any other man	
	(optional) ate of filing: be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to the specific and cannot be prior to date of filing requirements, this date will not be listed as the company of State's records.
and the di	ate of filing: ———————————————————————————————————
E. Effective date, if other than the date must b	specific and cannot be prior to date of the specific and cannot be applicable statutory filing requirements, this date was a specific and cannot be prior to date of the specific and cannot be prior
Note: If the date inserted in this bloc document's effective date on the Dep	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	offective time, at 12:01 a.m. on the earlier of: (b)
and a record specifies a delayed effective	date, but not an effective as
record is filed.	
	2023
Dated DECEMBER 4	
Dates	Signature of a member or authorized representative of a member
Latra	Sopartire of a member or authorized representative of a member
	7° ····
LILIANA BAIRD	Typed or printed name of signee

Filing Fee: \$25.00