## L2400081659

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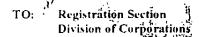
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## COVER LETTER







SUBJECT: ON DUTY VIRTUAL HOMES

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:

	Alberto Rivera					
		Name of Person				
	ON DUTY VIRTUAL I	HOMES LLC				
	ON DUTY VIRTUAL HOMES LLC  Firm/Company  2724 SE 2nd Street  Address  Homestead, Florida 33033  City/State and Zip Code  OnDutyVirtualHomes@outlook.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  a					
	2724 SE 2nd Street					
		Address				
	Homestead, Florida 3	3033				
	OnDutyVirtualHomes	s@outlook.com				
	E-mail address: (	to be used for luture annual report no	tification)			
For further information c	oncerning this matter, please c	all:				
Alberto Rivera		at (786 ) 261-5506	5			
Name o	d' Person		me Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee     S25.00 Filing Fee		Certified Copy	S60.00 Filing Rec Certificate of Star Certified Copy (additional copy is en			

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON DUTY VIRTUAL HOMES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/15/2024 and assigned Florida document number <u>L2400</u>0081659 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City 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 Jamilian ith and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Orzitatis documentis heing filed to merely reflect a change in the registered office address. Thereby confirm that the ligited 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alberto Rivera	2724 SE 2nd Street	
		Homestead, Fl 33033	□Remove
			□Change
			🗀 Add
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. If amending a	ny other informa	tion, enter cl	hange(s) her	e: (Anach ada	itional sheets.	if nécessary	) Steam	
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(If an effective date Note: If the dat	if other than the is listed, the date must be inserted in this bloom ctive date on the De	t be specific and sek does not n	l cannot be prior neet the applic	able statutory fi	r more than 90 da ling requiremen	(optional) ys after filing its, this date	) Pursuant to will not be	o 605.0207 (3 e fisted as th
the record specifies ord is filed.	s a delayed effective	e date, but not	an effective t	ime, at 12:01 a.r	n, on the earlie	rof: (b) Th	e 90th day	after the
Dated	ACCH B	h	<u> 203</u>	<u>Ч</u>		<del></del>	<b>202</b> SE:	
		6.0		7.		<u> </u>		77
		Signature of a	member or auth	orized representat	ive of a member	<u></u>	SECTIONS 15	
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	11 600	1	Typed or print	ed name of signe	<del></del>		0 S1	General .

Filing Fee: \$25.00