L24000229738

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COVER LETTER

CES, LLC.		•
Name of Lin		
	nited Liability Company	
mendment and fee(s) are sub	omitted for tiling	
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ence concerning this matter	to the following:	
OSMEL VIAMONTES		
	Name of Person	
OVQ SERVICES, LLC.		
	Firm/Company	
536 SW 47TH ST APT A		
	Address	
CAPE CORAL, FL 33914		
	City/State and Zip Code	
		fication)
cerning this matter, please co	all:	
	813 385-4421	
Name of Person		ne Telephone Number
following amount:		
■ \$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)
	Street Address:	
tion	Registration Sec	
oorations		
	OSMEL VIAMONTES OVQ SERVICES, LLC. 536 SW 47TH ST APT A CAPE CORAL, FL 33914 OVQSERVICES24@GMA E-mail address: (cerning this matter, please coreson ollowing amount: \$\Begin{align*} \$30.00 Filing Fee & Certificate of Status \end{align*}	Dence concerning this matter to the following: OSMEL VIAMONTES Name of Person OVQ SERVICES, LLC. Firm/Company 536 SW 47TH ST APT A Address CAPE CORAL, FL 33914 City/State and Zip Code OVQSERVICES24@GMAIL.COM E-mail address: (to be used for future annual report not exerning this matter, please call: at (

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OWD SOLUTIONS LEC				(ii) −1	
(Name of the Limit	ted Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited L Florida document number <u>L24000229738</u>	iability Company			and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liah	oility company here:	:		
OVQ SERVICES, LLC.					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	mation "LLC" or the al	phreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		536 SW 47TH ST .	APT A		
		CAPE CORAL			
		FL 33914			
		536 SW 47TH ST /	ADT A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CAPE CORAL			
		FL 33914			
			<u> </u>		
3. If amending the registered agent and/or r <u>igent and/or the new registered office addres</u>	egistered office ass here:	address on our reco	rds, <u>enter the nam</u>	e of the new registo	
Name of New Registered Agent:	OSMEL VIAMONTES				
New Registered Office Address:	536 SW 47TH	ST APT A			
		Enter Florida .	street address	<u> </u>	
	CAPE CORAL		, Florida ³³	914	
		City		Zip Code	

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 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

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>	Name	Address	Type of Action
MGR	DAVID VENTURA	405 NW 10TH ST	□Add
		CAPE CORAL	■Remove
		FL 33914	-
			-
			□Remove
			□Change
			
			□Remove
			□ Change
			□ Remove
			□Change
			□Add
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	Sig	nature of a memb	er or authorized	representative of a	member		
			•	1		-	
OS	MEL VIAMONTES					: [C:	PH 6:

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