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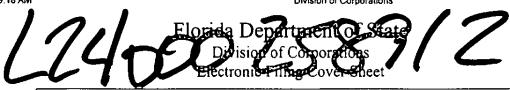
10/3/2024

09:37 AM

TO:18506176383 FROM:4079449857

10/3/24, 9:18 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000334509 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ATHENA BUSINESS AND TAX ADVISORS LLC

Account Number : I20230000123 : (407)777-2501 Fax Number : (407)777-2502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCANA SERVICES USA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 08 |
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Corporate Filing Menu

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Page:

TO:

4 10/342024

Registration Section

09:37 AM

TO:18506176383 FROM:4079449857

COVER LETTER

| Division of Cor | rporations | | | |
|---------------------------------------|-------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------|
| | ERVICES USA LLC | | | |
| SUBJECT: | Name of Lim | Name of Limited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | ANDREIA GUIMARES | | | |
| | | Name of Person | | |
| | ATHENA BUSINESS AN | ID TAX ADVISORS LLC | | |
| | | Finn/Company | | |
| | 7680 UNIVERSAL BLVI | STE 100 | | |
| | | Address | | : |
| | ORLANDO, FL 32819 | | | |
| | | City/State and Zip Code | ٠. | ب دن |
| | manager@athenataxadvisor | s.com to be used for future annual report notifi | cation) | <u></u> |
| For further information of | concerning this matter, please c | | | 3 FH 1:45 |
| ANDREIA GUIMARA | ES | 407 777-2501 | | С, |
| Name o | of Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end | us & |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Sec | tion | |
| D: 7 : 60 | | Division - 60 | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| OCANA SERVICES USA LLC | | |
|------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------|
| (Name of the Lim | ited Liability Company as it now ap (A Florida Limited Liability Compa | pears on our records.) ny) |
| The Articles of Organization for this Limited I | iability Company were filed on | and assigned |
| Florida document number L24000258912 | · | • |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability compan | y here: |
| ART'N DECOR LLC | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," | the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | i |
| | | ; |
| Enter new mailing address, if applicable: | | ; · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | | ٠٠ . فند |
| Training described with the fit took of 1 100 | | |
| | | |
| Q. If amonding the registered egent and/or | ragistarad offica address on o | ur records, enter the name of the new registere |
| agent and/or the new registered office addre | | Trees as cinci the name of the new registers |
| | | |
| Name of New Registered Agent: | DANIEL OCANA | |
| New Registered Office Address: | 637 CELEBRATION AVE | |
| _ | Enter | Florida street address |
| | KISSIMMEE | , Florida 34747 |
| | Ciny | 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

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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 | ROCHA FERNANDES, CARLOS HENRIQUE | 637 CELEBRATION AVE | ⊟Add |
| | · | KISSIMMEE, FL 34747 | DRemove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □ Remove |
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7 10/3/2024 09:37 AM TO:18506176383 FROM:4079449857 Page: D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add the following EIN: 99-3460702 E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.