## L2H000314045

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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only

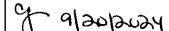
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## **COVER LETTER**

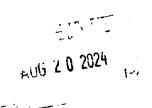
TO: Registration S Division of Co			
Operation	ary LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Natalie de la Camara		
		Name of Person	
	Operationary LLC		
		Firm/Company	<del></del>
	615 Escobar Ave.		
		Address	
	Miami FL 33134		<u>.</u>
	nataliedelacamara@gmail.c	City/State and Zip Code	
	<u> </u>	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Natalie de la Camara		786 8637325 at ( )	
Name	of Person		· Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810



August 1, 2024

NATALIE DE LA CAMARA 615 ESCOBAR AVENUE MIAMI, FL 33134

SUBJECT: OPERATIONARY LLC Ref. Number: L24000314045



We have received your document for OPERATIONARY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the titles(s) of each manager in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 624A00017056

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Operationary LLC		<u>. , 20 = : 2</u> : 06
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	0.0
The Articles of Organization for this Limited Liability (	Company were filed on 07/15/2024	and assigned
Florida document number <u>L24000314045</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
<del></del>	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 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

Title .	<u>Name</u>	Address	Type of Action
Mar	Natalie de la Camara	615 Escobar Ave	<b>■</b> Add
7		Miami FL 33134	
mgy			□ Change
	Alyssa Motilal	67-40 YELLOWSTONE BLVD APT 2K	□ Add
		FOREST HILLS, NY 11375	■Remove
MgY			□ Change
A STATE OF THE STA	Alisa Chen	712 45TH ST APT 1B	□ Add
		BROOKLYN, NY 11220	≣Remove
			□Change
<del></del>			
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ffective date, if other than the date of filing:			
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	d is filed.		
	Dated	. 2024	
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