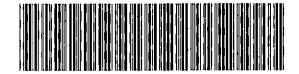
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/28/2025	
Name:	Cheyanne Davis	_
Reference #:	2633347	_
Entity Name:	OVER	THERE LLC
Article	es of Incorporation/Authorization	to Transact Business
✓ Amen	dment	
☐ Chan	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	——————————————————————————————————————
Signature:	Chyma Paine	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	01/28/2025	
Name:	Cheyanne Davis	-
Reference #	2633347	_
	OVER	THERE LLC
	es of Incorporation/Authorization	
— ✓ Amer	ndment	
Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merge	er	
Disso	olution/Withdrawal	
Fictitie	ous Name	
Other		
Authorized A	Amount: \$25.00	
Signature:	Chyma Paine	

+44 (0)20,3961,3080

Docusign Envelope ID: 245CFB58-43A5-4C74-8B81-BFA9C7E5C1E1 COVER LETTER

Tallahassee, FL 32314

TO

TO: Registration Division of	n Section Corporations				
	iere LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Article:	s of Amendment and fee(s) are sub	omitted for filing.			
	espondence concerning this matter				
	Maria Acevedo, Esq.				
		Name of Person			
	ACEVEDO BELT, P.A.				
		Firm/Company	_ 		
	1441 Brickell Avenue, Su	ite 1400			
		Address			
	Miami, Florida 33131				
	maria@acevedobelt.com	City/State and Zip Code			
For further informati	E-mail address; on concerning this matter, please o	(to be used for future annual report noti	fication)		
Maria Acevedo, Esq		305 396-4282			
	me of Person	at ()	ne Telephone Number		
1101	are of Federal	, and once Daymin	ic receptions running.		
Enclosed is a check f	for the following amount:				
■ \$25.00 Filing Fe	e \$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 Ad Registration	dress: on Section	<u>Street Address:</u> Registration Se	ction		
Division o	of Corporations	Division of Cor	Division of Corporations		
P.O. Box 6327		The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Docusign Envelope ID: 245CFB58-43A5-4C74-8B81-BFA9C7E5C1E1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 JAN 28 PH 12: 23

		11112. 53
OverThere LLC	<u>`</u>	Single Single
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on October 4, 2024	and assigned
orida document number L24000419895		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	sility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:	21200 Point Place, Unit #1501	
Principal office address MUST BE A STREET ADDRESS)	Aventura, Florida 33180	
	 	
nter new mailing address, if applicable:	21200 Point Place, Unit #1501	
Mailing address MAY BE A POST OFFICE BOX)	Aventura, Florida 33180	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street address	
	TAREL LIGHTURE SHEEL WILLESS	
	, Florid:	

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

Docusign Envelope ID: 245CFB58-43A5-4C74-8B81-BFA9C7E5C1E1 ri amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	Felipe Bautista	21200 Point Place. Unit #1501	□Add
		Aventura, Florida 33180	□Remove
			■Change
MGR	Monica Castaño	21200 Point Place, Unit #1501	□Add
		Aventura, Florida 33180	□Remove
			■Change
MGR	Maria Juliana Bautista	13015 NW 38th Avenue	□Add
		Opa-Locka, Florida 33054	■Remove
			□Change
MGR	Sebastián Bautista	13015 NW 38th Avenue	🗆 Add
		Opa-Locka, Florida 33054	≣Remove
			□Change
MGR	Hollman Jimenez	13015 NW 38th Avenue	
		Opa-Locka, Florida 33054	■Remove
			Change
			□Add
			□Remove
			□Change

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Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in the document's effective date on the document's effective date of	his block does r	iot meet the appl	icable statutory i	or more than 90 days a filing requirements,	otional) fier filing.) Pursuant to 6 this date will not be li	05.0207 (sted as t
and the state of t	ne izeparaneta	or mare is record				
he record specifies a delayed ef	fective date, but	t not an effective	time, at 12:01 a	m, on the earlier of	(b) The 90th day af	ter the
ord is filed.						
ord is filed. Dated		2025				
Dated January 27	~~~~	·	·			
Dated January 27	Signature of	of a member or au	horized representa	nive of a member		

Filing Fee: \$25.00



Docusign Envelope ID: 245CFB58-43A5-4C74-8B81-BFA9C7E5C1E1 COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	OverThere I	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Maria Acevedo, Esq.		
			Name of Person	
		ACEVEDO BELT, P.A.		
			Firm/Company	
		1441 Brickell Avenue, Sui	te 1400	
			Address	
		Miami, Florida 33131		
		maria@acevedobelt.com	City/State and Zip Code	
		-	to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, please ca	all:	
Maria Aceve	edo, Esq.		305 396-4282	
 · · - ·	Name of	Person		te Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
Reg	ling Address gistration S		Street Address: Registration Se Division of Cor	

Registration Section 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