

(((H24000184770 3)))

and bottom of all pages of the document.



H240001847703ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I20220000141 Phone : (954)937-5905 Fax Number : (954)208-0209

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OVERSEAS INTERNATIONAL INVESTMENT IV HD INC.

Certificate of Status	0
Certified Copy	U
Page Count	06
Estimated Charge	\$25.00

FILED &

DEPARTES PHIZE 26

: Electronic Filing Men:

Electronic Filing Monu — Corporate Filing Monu

Help

T. LEMIEUX A 2024

Registration Section

TO:

COVER LETTER

Div	ision of Cor	porations		
enbucer.		S INTERNATIONAL INVEST	TMENT IV IID INC	1
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JUAN C GOMEZ		
			Name of Person	
		<u> </u>	Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
			at ()	
Name of Person		Area Code Daytime	: Telephone Number	
Enclosed is a	a check for th	ne following amount:		
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ilingAddres		StreetAddress: Registration Sec	stion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi		ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I. Florida document number P21000098009	iability Company	were filed on 11/16/2021 and assigned			
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	pility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1525 N PARK DR SUITE 104			
		WESTON FL 33326			
Enter new mailing address, if applicable:		1525 N PARK DR SUITE 104			
(Mailing address MAY BE A POST OFFICE BOX)		WESTON FL 33326			
B. If amending the registered agent and/or agent and/or the new registered office addre	_	address on our records, enter the name of the new registered			
Name of New Registered Agent:	AV ACCOUNTING ASSOCIATES CORP				
New Registered Office Address:	1525 N PARK	DR SUITE 104			
New Registered Office Address.		Enter Florida street address			
	WESTON	City Florida 3326 / Zip Code			
		City Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:	i i i i i i i i i i i i i i i i i i i			
provisions of all statutes relative to the propaction as reg	ed agent and agr per and complete istered agent as registered office	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am fantiliar with and provided for in Chapter 605, F.S. Or, if this discument is address, I hereby confirm that the limited liability			

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
Director	ANDRES CORREA	1525 N PARK DR SUITE 104	□Add
		WESTON FL 33326	□Remove
			☐ Change
Director JUAN C GOMEZ	1525 N PARK DR SUITE 104	□Add	
		WESTON FL 33326	Remove
			🖺 Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Changa

						_
** ***********************************			-,	·····	· · ·	_
				 		_
						_
 						
					<u> </u>	
						_
						
						
						
					*** * *** *** ***	
				•		_
						_
<u> </u>						_
E. Effective date, if other than the offertive date is listed, the date in Note: If the date inserted in this document's effective date on the	iust he specific and block does not i	d cannot be prior t meet the applica	o date of filing or m	ore than 90 days af	tional) er filing.) Pursuant to (his date will not be l	605.0207 (3)(l listed as the
f the record specifies a delayed effect ecord is filed	tive date, but no	t an effective tir	me, ar 12:01 a m	on the earlier of:	(b) The 90th day a	fter the
Dated MAY 23		2024				
		w. C. Cain	23			
	Signature of a	member of autho	rued representative	of a member	<u> </u>	

Typed or printed name of signee