I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	HORTA, ORLANDO	Name	HORTA, NOEMI
Address	2 NE 1 STREET	Address	2 NE 1 STREET
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

FILED 4281014955CC

Certificate of Status Desired: No

01/23/2020 Date

Date

MANAGING MEMBER

SIGNATURE: ORLANDO HORTA

MIAMI, FL 33132

DOCUMENT# L16000149117

FEI Number: 81-3442498

Current Mailing Address:

Name and Address of Current Registered Agent:

Entity Name: APARTAMENTOS O.C.D. LLC

Current Principal Place of Business:

HORTA, ORLANDO 2 NE 1 STREET MIAMI, FL 33132 US

2 NE 1 STREET MIAMI, FL 33132

2 NE 1 STREET

Jan 23, 2020 Secretary of State

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT