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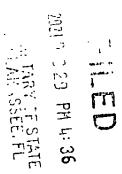
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## **COVER LETTER**

Tallahassee, FL 32314

	tration Section of Corp			÷
	125 2ND S	ST S, LLC		,
SUBJECT: _	<del>-</del>	Name of Lim	ited Liability Company	·
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		Amanda Phillips		
			Name of Person	
			Firm/Company	<del></del>
		3225 McLeod Drive, Suite	001 :	
			Address	·
		Las Vegas, Nevada 89121		
		ra@andersonadvisors.com	City/State and Zip Code	
For further info	ormation co	E-mail address: ( incerning this matter, please c	to be used for future annual report no all:	tification)
Amanda Philli	ps		800 706-4741	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is a cl	heck for the	e following amount:		
<b>■</b> \$25.00 Fili	ing 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)
	ig Address		Street Address:	oation
Registration Section Division of Corporations			Registration Solution of Co	
	Box 6327		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2125 2ND ST S, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>06/07/2021</u> and assigned Florida document number L21000264257 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	OGC HOLDINGS, LLC	1718 CAPITOL AVENUE	
		CHEYENNE, WY 82001	≅ Remove
			□Change
AMBR	JDK IRA INVEST, LLC	4341 IRONWOOD AVENUE	□Add
		SEAL BEACH, CA 90740	=Remove
			□ Change
			□Add
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in effective date is listed, the date must be some fifthe date inserted in this block.	specific and cannot be pri does not meet the appl	or to date of filing or mor icable statutory filing	e than 90 days after filing.) Pu requirements, this date wil	rsuant to 605.0207. I not be listed as
cument's effective date on the Depar	ment of State's record	ls.		
ecord specifies a delayed effective da is filed.	e, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The 90	th day after the
December 21	2021			
	amand	a Phillips		
	1 //			
Sign	ature of a member or au		f a member	