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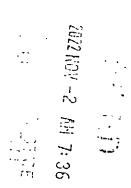
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Office Use Only



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## **COVER LETTER**

TO:

ΓΟ: Registration S Division of Co			•
	ERPRISES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	OREN A. BEN-MEIR		
		Name of Person	
	OAB ENTERPRISES LLC	2	
		Firm/Company	
	200 ROSE DRIVE		
		Address	
	COCOA BEACH, FL 329	31	
		City/State and Zip Code	<del></del>
	ORENBM11@GMAIL.CO		
	E-mail address: (	to be used for future annual report no	tification)
For further information (	concerning this matter, please c	ali:	
OREN A. BEN-MEIR		646 660-1727	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 63:	-	The Centre of	•
Tallahassee,		2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAB ENTERPRISES 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 <sup>JULY 22,2022</sup> and assigned Florida document number L22000325717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NERO ENTERPRISES LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
		·	□Change
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an effe <u>ote:</u>	ve date, if other than the date the date is listed, the date must be a lift the date inserted in this blockent's effective date on the Department.	e specific and cannot be prior k does not meet the applic	able statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
				rlier of: (b) The 90th day after the
ated _	ed. 10/24/2	<u> </u>		
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Typed or printed name of signee