# L23000166318

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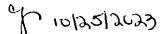




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2023 OST 17 PH 5: 04



### **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	T: 1510	ORACLE L	LI	
	-· <u></u>	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		MERINO, HO	150 A	
		<u> </u>	Name of Person	
			Firm Company	. <del></del>
		10347 SCA	RLET SKIMME	R DR.
		RIVERVIEW	, FL 33578 City/State and Zip Code	
		E-mail address: ()	to be used for future annual report noti	fication)
For furthe	r information co	oncerning this matter, please ca	all:	
MER	NO, HO	150 A	at ( <u>573</u> ) <u>433</u> Area Code Daytim	1249 te Telephone Number
	,,_,,			
Enclosed	is a check for the	e following amount:		
E \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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** 

2023 CCT 17 PM 5: 04

	LLE.
(Name of the Limite	A Florida Limited Liability Company)
	ability Company were filed on $\frac{04/01/2023}{}$ and assigned
his amendment is submitted to amend the follo	wing:
A. If amending name, <u>enter the new name of</u>	the limited liability company here:
he new name must be distinguishable and contain the wo	ords "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
Principal office address MUST BE A STREET	T.ADDRESS)
nter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	<u>BOX)</u>
• • • • • • • • • • • • • • • • • • • •	BON)
Mailing address MAY BE A POST OFFICE B  3. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE B  3. If amending the registered agent and/or re	egistered office address on our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office address on our records, enter the name of the new regis
Name of New Registered Agent:	egistered office address on our records, <u>enter the name of the new regis</u> s here:

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
MER	NORIEGA, MARTHA	10347 SCARLET SKIMMER RIVERVIEW FL, 33578	). □Add
			□Remove
			□Add
			□Remove
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Remove

□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	10/10/2023
	Signature of a member or authorized representative of a member
	MERINO HU50, A.  Typed or printed name of signee