LC4100030546

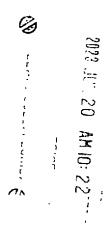
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
N.	

Office Use Only



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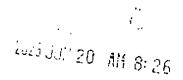
July 2 , 2023

COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	er.		1 TALLAHASSEE LLC	
SUBJECT: Name of			nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		STACY SMALL		
			Name of Person	_
		SMITH THOMPSON SHA	AW	
			Firm/Company	_
3520 THOMASVILLE ROAD - 4TH FLOOR		OAD - 4TH FLOOR		
			Address	_
TALLAHASSEE, FL 32309				
			City/State and Zip Code	-
		E-mail address: (to be used for future annual report notification)	
For fur	ther information c	concerning this matter, please c	all:	
STAC	Y SMALL		850 893-4105 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for the	he following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Address: Registration Section		Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		-	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OI	IM TALLAHASSEE LLC		<u>ida yang baran ba</u>
(Name of the Limited Liu	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
(A rio)	nda Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	04/19/2004	and assigned
Florida document number L04000030546			
	·		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the li	imited liability company he	ere:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the d	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
maning marchs may be my of or red boxy		-	
			
B. If amending the registered agent and/or registe	red office address on our r	orarde enter the new	so of the new registered
agent and/or the new registered office address her		ecords, enter the nan	ie of the new registered
	_		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
_	City		Zip Code
New Registered Agent's Signature, if changing Register	ered 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>	Name	Address	Type of Action
MGR	SATISH R. PATEL	402 MEADOW RIDGE DRIVE	
		TALLAHASSEE, FL 32312	≣Remove
		 	□Change
AMBR	SATISH R. PATEL	402 MEADOW RIDGE DRIVE	⊟ ∧dd
		TALLAHASSEE, FL 32312	□Remove
			□Change
			DAdd
			□Remove
			Change
			🗅 Add
		 	□Remove
		 	Change
			□Add
			□Remove
			Change
			□Add
			□ Change

D. If amending any other informati	on, enter change(s) here: (Attach additional sheets, if necessary.)
1	
E. Effective date, if other than the d	ate of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective of record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2023
X SAC	200
Si	gnature of a member or authorized representative of a member
	SATISH R. PATEL
	Typed or printed name of signee

Filing Fee: \$25.00