405000064137

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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2022 NOV -2 AM 11: 24



October 18, 2022

TRACI O'BRIAN O'BRIAN ENTERPRISES, LLC 3923 FORRESTAL AVE ORLANDO, FL 32806

SUBJECT: O'BRIAN ENTERPRISES, LLC

Ref. Number: L05000064137

We have received your document for O'BRIAN ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Partnership Registration, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Sean Toner Director

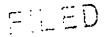
Letter Number: 222A00023360

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: O'Blion Enterprises Name of Lim)16
Name of Lim	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Traci O'B	Name of Person
OBTION 1	Freeprises, LLC Firm/Company
3923 For	restal Avenue
	FL 32806 City/State and Zip Code
	City/State and Zip Code
Obijangual E-mail address: (City/State and Zip Code Lity & a ol. Com to be used for future annual report notification)
For further information concerning this matter, please ca	
Un Costellon Name of Person	at (407) 422-6420 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 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



O'BRIAN ENTER	PRISES 11	AM 11: 25
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our rainbility Company)	records.) 28/2005 and assigned
The Articles of Organization for this Limited Liability Company	were filed on	8/2005 and assigned
Florida document number		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, <u>(</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	, Florida Zip Code
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
MGR	Sean O'Brian	3923 Forrestal Ave Orlando, FL 32806	ŒAdd
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

Change

	ending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
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f an eff <u>Note:</u>	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records
recor d is fi	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 ed.
Dated	10-28-22
	10-28-22 11CFV US Signature of a member or authorized representative of a member Trace O'Bilan Typed or printed name of signee
	organisate of a member of authorized representative of a member
	Trace O'Buan