(Requestor's Name)		
(Address)	30042816	
(Address)	30042010	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	04/22/240102901	
(Document Number)		
Certificates of Status		
Special Instructions to Filing Officer:	5/6/24	
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COVER LETTER

TO: Registration Se Division of Cor		•	•
SUBJECT:	OMF IMD	wts ILC	,
30bJEC1	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	- GUSAN	n Finger	
	hole's	HWELY VAV	It LLC
	746 Peace	15 Point Driv	e
	Gulf Br	2676 FL 37 City/State and Zip Cods,	501
	Hanal address: (to	5 D Mul. Co o be used for duture annual report noti	fication)
For further information of	concerning this matter, please ca	II:	
JUGAN Name (FINGER DEPENDENCE OF Person	at (860) 573	2-0194 e Telephone Number
Enclosed is a check for t	he 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 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

OMF IM	IDOMS LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number 10000103043	ompany were filed on Nov. 4,2006 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit OFL 6 OWE V The new name must be distinguishable and contain the words "Limit	ted liability company here: A U + L L ted 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 ADDR.	ESS) 22
Enter new mailing address, if applicable:	PR 23 P
(Mailing address MAY BE A POST OFFICE BOX)	<u>5</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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.

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