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## **COVER LETTER**

Division of Corpor	ations		
SUBJECT:	OHANA Name of Limi	VEW ENTER Prited Liability Company	USES, LLC
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	0HANA 1 2965 OCER	Name of Person  NEW ENTER PRIST  Firm/Company  WS TRACE  Address  Address	
-	BEAULINDS E-mail address: (1	PORCH PL 3211 City/State and Zip Code F1 69MAL + COU to be used for future annual report notifica	tion)
For further information conc			
L'UNA SILUUN Name of Per		at (386) 451 - Area Code Daytime To	
Enclosed is a check for the fo	ollowing amount:	# 1288 - 8135.OV	Mailed 1/20/20
□ \$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)

Registration Section

TO:

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

OMAWA NEW (Name of the Limited Liability Compa (A Florida Limited)	ENTERPRISES LL any as it now appears on our records.) Liability Company)	<u>C</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L13 0000 1985</u>	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		- 2
Enter new mailing address, if applicable:	2/4	
(Mailing address MAY BE A POST OFFICE BOX)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the </u>	name of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	
	, Florid:	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		DAYTOUR Beach F1 3211	Remove
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Filing Fee: \$25.00