



Office Use Only



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2024 APP 15 PH 3: 4.0

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT:		OZO LI.C.		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		EUGENE D. MONDRUS		
		Name of Person		
		KOZO LLC.		
	Firm/Company			
		160 SW 7TH CT		
		Address	 	
	PO	MPANO BEACH FL 33060-8398		
	•	City/State and Zip Code		
	F-mail address: (office@mgleiss.com to be used for future annual report not	ification)	
For further information c	oncerning this matter, please co	·	incation,	
EUGUENE D.	MONDRUS	917 912-5110		
Name of Person		at () Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	ne 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 S Division of C	Section	Street Address: Registration So Division of Co		
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monre		
i ailanassee, i	rl 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATALLE.

(Normal Charles)	NOZO LLC.	 -		
(<u>svaine of the Lamit</u>	(A Fforida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number	iability Company	were filed onAUG	GUST 26, 2013	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			(=)
Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	요** 구:
		·		J
				5
Enter new mailing address, if applicable:			: U	
Mailing address MAY BE A POST OFFICE BOX)		160 SW 7TH CT		
	<u></u>	POMPANO BEAC	TH FL 33060-8398	4.23
3. If amending the registered agent and/or r gent and/or the new registered office addres	ss here:		rds, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:	EUGENE D. MONDRUS			
New Registered Office Address: 160 SW 77				
		Enter Florida s	street address	
	POMPANO		, Florida _	33060-8398
		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.

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>	<u>Address</u>	Type of Action
<u></u>			□ ∧dd
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			Change
			□Add
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an effective date is listed, the state. If the date insorted in		prior to date of filing or mor pplicable statutory filing	(optional) e than 90 days after filing.) Pursuant requirements, this date will not b	
record specifies a delayed Lis filed.	effective date, but not an effect	ive time, at 12:01 a.m. or	the earlier of: (b) The 90th da	y after the
ated	MARCH 12 2084	<u></u>		
		authorized representative o		

Typed or printed name of signee