116000121202

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Fittorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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10/28/21--01020--008 **25.00

11/10/2/2005 11/10/2/2005

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
	ESTMENTS LLC				
SUBJECT:	Name of Lim	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:			
	OSNAT HAY				
		Name of Person			
	OEH INVESTMENTS LL	c			
		Firm/Company			
	OEH INVESTMENTS LLC Firm/Company 195 S. MIDDLE NECK ROAD #2H Address GREAT NECK NY 11021				
		Address			
	GREAT NECK NY 11021				
		City/State and Zip Code			
	ASITRISH@BELLSOUTH				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	concerning this matter, please c	all:			
OSNAT HAY		516 808 1836			
OSNAT HAY Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Cor	rporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OEH INVESTMENTS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on or ited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L16000121202}{L10000121202}$.	any were filed on $\frac{06/23/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 GCT 29
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet 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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	EDWARD HAY		□Add
		195 S. MIDDLE NECK ROAD GREAT NY 11021	Remove
			□Change
			🗀 Add
			□Remove
			SSE PARTY PA
			Change Change
			[]Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			ClChanus

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EDWARD HAY (CHANGE 50	UNITS TO 0 UNITS)				
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tive date, if other than the da fective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	specific and cannot be prior t does not meet the applica	o date of filing or mor ble statutory filing	(option e than 90 days after fi requirements, this o	ling.) Pursuan	t to 605 be liste
rd specifies a delayed effective da iled.	ate, but not an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th da	ay afte
OCTOBER 20.	. 2021	/			
	(n				
Cin	nature of a momber of autho	rized representative o	(a member		

Filing Fee: \$25.00