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(Re	equestor's Name))
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



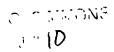
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COVER LETTER

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euo iecer	Moroz Ente	erprise, LLC		
SUBJECT	: <u></u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		Bohdan Moroz		
		••••	Name of Person	3.44
		OWFA. LLC		
			Firm/Company	
		13595 Park Blvd.		
			Address	
		Seminole, FI, 33776		
			City/State and Zip Code	
		yarinichiryna@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Bohdan Mo	oroz		727 3109045	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moroz Enterprise, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	.
The Articles of Organization for this Limited Liability Company	were filed on <u>08/11/2016</u>	and assigned
Florida document number L16000150148		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
OWFA, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	 	-
Frincipal Office address MOST BE A STREET ADDRESS		Ö
		. \$
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		3
		; ;
		: 2
3. If amending the registered agent and/or registered of	fice address on our records, en	
egistered agent and/or the new registered office address here	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	Zin Coda

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
			☐ Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change

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01/01/2019 ective date, if other than the date of filing:	(antional)
effective date is listed, the date must be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicabument's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not a need to be seen a filed.	an effective time, at 12:01 a.m. on the earlier
December, 26 2018	
	7

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00