L1700000 2035

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ALLAHASSEE, FLO

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A. RIVERS MAR 1 3 2013

COVER LETTER

TO:

FO: Registration Section Division of Corpo	irptions 🕈		
DP.	1 TO BASE LLI	L	
SUBJECT:OC_	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
		Jamie Brown	
		Name of Person	
		OFT TO BAKE LLC Firm/Company	
	2049	Firagre Fluch	<i>9</i> 97
		Address	
	MICN	11 FL B137 City/State and Zip Code	·
	E-mail address: (t	oft dast. Com	ication)
For further information co	ncerning this matter, please ca		
,			
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, I	°L 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 , 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPT TO BASE WE	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number LITWOD 35 This amendment is submitted to amend the following:	were filed on 01 03 2017 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8278 Woodland Center Blvd Tourpa FL 33614
(Principal office address MUST BE A STREET ADDRESS)	Tanpa FL 30017
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8274 Woodlond Center Blue Tampa FL 33614
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida Florida
	City Zap 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 Type of Action **Address** Name Title _____ □Add Remove ______ ☐Change □Remove ______ Change □Remove _____ Change □Add □Change _____ □Add ☐ Remove ______ Change

famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	

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Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
e record rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	3/13/23
	Signature of a member or authorized representative of a member
	Jamie Brun
	Typed or printed name of signee

Filing Fee: \$25.00