

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Decreased Number)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

K SALY 0EC - 8 2017

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Ohh	mygarden L Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Shim	non Tuizer	
	Ohhm	nygarden LLC	
	9454	Harding Ave	
	Surfsi	ide, FL 3315 City/State and Zip Code	<u> </u>
·		be used for future annual report notificati	on)
<u> </u>	erning this matter, please call	l:	
Shimon Tu	rson	at (<u>347</u>) <u>977– 5</u> Area Code Daytime Tel	739 ephone Number
Enclosed is a check for the f	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 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

5	ILED
- SOLVEET.	~ 7
TALLAHARA	YOF STATE EE. FLORIDA
	EE. FLORIDA

Zip Code

Ohhmygarden L	LÇ i	SECRETARY OF STATE ALLAHASSEE. FLORIDA
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	MASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company v		
Florida document number <u>L17000D 62709</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		***
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	la.

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.

City

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** Name **Address Type of Action** Shimon Tuizer 3624 Collins Ave Apt 6 Add MGR Miami Beach, FL 33140 - Remove □ Change □ Add ☐ Remove \square Add ☐ Remove ☐ Change _□ Add □ Remove _ Change _□ Add □ Remove ☐ Change

Effective date, if other than the date of filing: (than effective 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 0207. Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated December 4th. 2017 Signature of a member or authorized representative of a member Shiman Tuizer	_	
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Page 3 of 3

Filing Fee: \$25.00