## L180000 47950

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T. MATTHEWS FEB 18 2022

## **COVER LETTER**

|   | egistration Sec<br>lvision of Corp      |  |   | 1   |  |  |  |
|---|---|--|---|---|--|--|--|
| SUBJECT                                       | OCLC ENTERPRISES LLC                    |  |   |   |  |  |  |
| 30b/ECT                                       | •                                       | Name of Limited Liability Company            |   |   |  |  |  |
| The enclose                                   | ed Articles of A                        | Amendment and fee(s) are sub                 | omitted for filing.   |   |  |  |  |
| Please retu                                   | rn all correspor                        | ndence concerning this matter                | to the following:   |   |  |  |  |
|   |   | MARIELA VECCHIO                              |   |   |  |  |  |
|   |   |  | Name of Person  |   |  |  |  |
|   |   |  | Firm/Company  |   |  |  |  |
|   | 9871 NW 52ND LN                         |  |   |   |  |  |  |
|   | DORAL FL 33178  City/State and Zip Code |  |   |   |  |  |  |
|   |   |  |   |   |  |  |  |
|   | MYFLORIDACORPORATIONS@GMAIL.COM         |  |   |   |  |  |  |
|   |   | E-mail address: (                            | to be used for future annual report no  | dification)   |  |  |  |
| For further                                   | information co                          | oncerning this matter, please c              | all:  |   |  |  |  |
| MARIELA VECCHIO                               |   | 786 8160674                                  |   |   |  |  |  |
|   | Name of                                 | Person                                       | Area Code Dayti   | me Telephone Number   |  |  |  |
| Enclosed is                                   | a check for th                          | e following amount:                          |   |   |  |  |  |
| ≅ \$25.00                                     | Filing Fee                              | □ \$30.00 Filing Fee & Certificate of Status | <ul> <li>\$55.00 Filing Fee &amp;<br/>Certified Copy<br/>(additional copy is enclosed)</li> </ul> | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
|   | ailing Address                          |  | Street Address:   | ection  |  |  |  |
| Registration Section Division of Corporations |   |  | Registration Section Division of Corporations   |   |  |  |  |
| P.O. Box 6327                                 |   |  | The Centre of Tallahassee   |   |  |  |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEP -7 PN 3:13

## OCLC ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company  | were filed on 03/15/2018 and assigned  |  |
|--|--|--|
| Florida document number L18000067950   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abbreviation "L.L.C."  |  |
| Enter new principal offices address, if applicable:  | 9871 NW 52ND LN  DORAL FL 33178  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |  |
| Enter new mailing address, if applicable:  | 9871 NW 52ND LN  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | DORAL FL 33178   |  |
| ngent and/or the new registered office address here:  Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street address   |  |
|  | , Florida<br>City Zip Code   |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | ree to act in this capacity. I further agree to comply with the<br>performance of my duties, and I am familiar with and<br>provided for in Chapter 605, F.S. Or, if this document is |  |
|  |  |  |

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 = M<br>AMBR = A | MGR = Manager<br>AMBR = Authorized Member |              |                |  |  |
|---------------------|---|--------------|----------------|--|--|
| <u>Title</u>        | <u>Name</u>                               | Address      | Type of Action |  |  |
|                     |   |              |                |  |  |
|                     |   |              | □ Remove       |  |  |
|                     |   |              |                |  |  |
|                     |   | ********     | □Add           |  |  |
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|                     |   | <del> </del> | □Add           |  |  |
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|                     |   |              | \ \_Add        |  |  |
|                     |   |              | □Remove        |  |  |

\_ Change

| If am     | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| (If an ci | tive date, if other than the date of filing:  |
| he reco   | ord 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 filed. |
| Dated     | MIAMI 01/31/2022  |
|           | Louis -   |
|           | Signature of a member or authorized representative of a member  |
|           | MANIELA VeccHio (MANAGER)   |
|           | Typed or printed name of signee   |