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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration So Division of Co				
OAKDAL	ECUSTOM CREATIONS LL	С		
SUBJECT:	Name of Lin	nited Liability Company		
;	**	med that the company		
	•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
<u>:</u>	• MALDEIS, ZACHARY S	3		
	•	Name of Person		
•	.•			
		Firm/Company		
	2526 OAKDALE ST S			
	;	Address		
	ST PETERSBURG, FL 33	3705	<u>s</u> .	···•
	-	City/State and Zip Code	r [
	, zmaldeis@msn.com		:	
• .	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please c	all:		
ZACHARY MALDEIS	•	727 623-6593		A
	•	at ()	T-11	
Name C), Person	Area Code Daytime	Telephone Number	2) 01
	· ·			
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status & Copy
			(additional	copy is enclosed)
	\mathcal{C}			
MAII	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OAKDALE CUSTOM CREATIONS LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed or	on 03/29/2018 and a	ssigned
Florida document number L18000080351		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company."	"the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
·	57 62	
) 122	4 1
Enter new mailing address, if applicable:	22	また。本本の名称 すいた 本の名称
(Mailing address MAY BE A POST OFFICE BOX)		(
""		(marana)
	F	- Law
B. If amending the registered agent and/or registered office address	ss on our records, enter the name	of the nev
registered agent and/or the new registered office address here:	•	
•		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
Ente	er Florida street 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ZACHARY S. MALDEIS	2526 OAKDALE ST S	Add
	•	ST PETERSBURG, FL 33705	□ Remove
			Change
MGR	ERIN BODIE	2526 OAKDALE ST S	□ Add
	*	ST PETERSBURG, FL 33705	■ Remove
			Change
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ective date, if other than the d n effective date is listed, the date must l te: If the date inserted in this bloo	be specific and a	cannot be prio	r to date of fi	iling or more	than 90 da	ays after nts. this	filing.) P date wi	ursuant to	o 605,020 e listed a
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ated MAY 9TH 2018		
Suive Bodio		
Signature of a member or authorize		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00