Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OWLIN, LLC

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JUN 16 2022

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OWLIN, LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000148088</u>	ere filed on <u>06/15/2</u> 018	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbru	eviation "L.L.C."	_
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 office adeagent and/or the new registered office address here:	dress on our records, enter the name	of the new regist	terec
agent and/of the new registered office address here.	0.1)	
Name of New Registered Agent:	41	2022 FALL	•
]	_
New Registered Office Address:	Enter Florida street address	7/1 28	<u>ন</u>
	. Florida		τη <u></u>
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		黑二 5	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, if	e to comply with miliar with and this document i	

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>Name</u>	Address	Type of Action
MGR	REYES, MARIA GABRIELA		🗆 Add
			■ Remove
MGR	Jorge Alejandro Hernandez Gonzalez	18555 COLLINS AVE, APT 4205	■ Add
		MIAMI, FL 33160	□ Remove
			Change
			□ Rепюч
			□Change
			□ Add
			□ Remove
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☐ Change

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Note: If the date inserted in this	the date of filing:	(optional) ate of filing or more than 90 days after filing.) Pu statutory filing requirements, this date will	rsuant to 605.0207 (3)(h) not be listed as the
If the record specifies a delayed effer record is filed.	ctive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90	ith day after the
Dated	2022		
/s/ Joseph Panholze			
<u> </u>	Signature of a member or authorized	d some antation of a manch of	

Typed or printed name of signee