N18000371638

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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Picase return all correspo	ondence concerning this matter	to the following:			
	Robin Green, CFO				
		Name of Person			
	OATA LLC				
	<u> </u>	Firm/Company			
	8421 S. John Young Pkwy	y, Ste 150			
		Address			
	Orlando, FL 32819				
		City/State and Zip Code			
	robin@youroata.com				
-	E-mail address: (to be used for future annual report noti-	fication)		
For further information c	oncerning this matter, please c	all:			
(xolom &	hien, cro	407 435-2398 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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		Street Address: Registration Section			
Division of Corporations			Division of Corporations		
P.O. Box 632 Tallahassee, l			The Centre of Tallahassee		
rananassee. 1	ヒレ ラムシモサ	2410 N. WIUHO	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L18000271638</u>	Company were filed on NOVEMBER 21, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
OATA CLERKING LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~ NO CHANGE ~
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~ NO CHANGE ~
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent: ~ NO C	CHANGE ~
New Registered Office Address:	Enter Florida street address
	Florida City Zip Code
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SURFITTE LLC

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
		~ NO CHANGE ~	□Add
•			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			(optional)
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