118000273921

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

0110 11200	land Girl LLC		
		ited Liability 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:	
		Name of Person	
	Oak Tree Holdings LLC		
		Firm/Company	
	5965 Grafton Rd		
	<u></u>	Address	
	Valley City, OH 44280		
		City/State and Zip Code	
	Maryann.Thomas@mtdproducts.com E-mail address: (to be used for future annual report notification)		
For further information c	oncerning this matter, please ca		,
Maryann Thomas	and make product of	330 558-4	672
		at (
Name o	t Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 OF

Southern Island Girl LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Florida document number L18000273921	11/28/18 and assigned	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	(i) (i) (i) (ii) (ii) (ii) (ii) (ii) (i
registered agent and/or the new registered of New Registered Agent:	<u> </u>	on our records, enter the name of the n
New Registered Office Address:		Florida street address
	Bradenton	Florida <u>34209</u>
	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.

Charging 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>	<u>Address</u>	Type of Action
Authorized	Maryann Thomas	5965 Grafton Rd	
Representative			
		Valley City, OH 44280	
			■ Remove
		-	
			Change
	Elizabeth Young	9631 16th Circle NW	Li Change
AMBR —	Lizabett Foung		
		Bradenton, FL 34209	Add
		biadenton, no 34209	_
			□ Remove
			☐ Change
	 		D Add
			Remove
			Change
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			□ Remove
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			Change

	<u> </u>
(If an c Note:	tive date, if other than the date of filing:
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 5, 2019
	Mayau In June Signature of a member or authorized representative of a member
	Maryann Thomas
	Typed or printed name of signee

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Filing Fee: \$25.00