# LIACCCCS9412

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Office Use Only



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## **COVER LETTER**

го:	Registration Sec Division of Corp			
SUBJE	CCT: Ozone Fir	nancing Solutions, LLC	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
'lease	return all correspor	idence concerning this matter	to the following:	
		Samuel B. Silvermar	1	
			Name of Person	
		Ozone Financing So	<u> </u>	
			Firm/Company	
		5500 MILITARY TRA	AIL, SUITE 22-260	
			Address	
		JUPITER, FL 33458		
			City/State and Zip Code	
		sam.silverman@eb5a	an.com to be used for future annual report i	natification)
or fur	her information co	ncerning this matter, please ca	·	(Micatory)
amu	ıel B. Silverma	n	<sub>at (</sub> 561 <sub>)</sub> 386-53	56
	Name of	Person		time Telephone Number
nclose	ed is a check for the	e following amount:		
<b>\$2</b> 5	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			(Amarica - 1977)	

#### MAILING ADDRESS:

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

Ozone Financing Solutions	s, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)	
he Articles of Organization for this Limited L lorida document number L19000089412	iability Company	were filed on 04/01	/2019	and assigned
his amendment is submitted to amend the foll	lowing:			
If amending name, enter the new name o	of the limited liab	oility company here:		
ne new name must be distinguishable and contain the v	words "Limited Liabi	ility Company," the design	nation "LLC" or the a	bbreviaties L.L.C."
nter new principal offices address, if applic	cable:	5500 MILITARY	Y TRAIL	ו חבנ
Principal office address MUST BE A STREE		SUITE 22-260		. 6
		JUPITER, FL 3	3458	
iter new mailing address, if applicable:	PAY)	5500 MILITAR) SUITE 22-260	Y TRAIL	4: 25
'ailing address MAY BE A POST OFFICE BOX)		JUPITER, FL 3	3458	
If amending the registered agent and istered agent and/or the new registered o		<u>:e</u> :	ır records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	negistered	Agents inc.		
New Registered Office Address:	7901 4TH S	ST. N, SUITE 300		
	ST. PETER	Enter Florida : SBURG	street address Florida <u>33</u>	3702
	<u> </u>	City	r torida <u>-                                    </u>	Zıp Code

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

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Samuel B. Silverman	268 CALLE DOS HERMANOS	<b>_</b> Add
		UNIT 5	Remove
		SAN JUAN, PR 00907	☑ Change
GR	Michael B. Schoenfeld	3203 PLANTATION VILLAGE	<u>□</u> Add
		DORADO, PR 00646	
			Remove
			277
			Remove
			Change
			<b>D</b> Add
			Remove
			Change
<del></del>			Add
			Remove
			☐ Change
_			Add
			☐ Remove
			Change

f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.			
re date, if other than the date of filing:			
the date, if other than the date of filing:		· · · · · · · · · · · · · · · · · · ·	
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e date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.  Our specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 20th day after the record is filed.			
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			ime, at 12:01 a.m. on the earlier o
Signature of a member or futhorized representative of a member	lovember 23	2020	
Signature of a member or Inthorized representative to a member		5.5	
	Si	mature of a memoer or inthorized representance	<del>MA</del> i member

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Filing Fee: \$25.00