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COVER LETTER

	Registration Se Division of Cor					
eŭpu <i>r</i>	OHC VENTURES LLC Name of Limited Liability Company					
SUBJEC						
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Lonnie D. Ogden				
		·-	Name of Person			
			Firm/Company			
		405 Periwinkle Place				
			Address			
St. Johns, Florida 32259						
			City/State and Zip Code			
		lon@occsllc.com	to be used for future annual report no	(fortion)		
For furth	ner information c	oncerning this matter, please co	•	micanon)		
Lonnie	D. Ogden		904 254-8386			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed	d is a check for th	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 Division of Corporations		Street Address: Registration S	ection			
		Division of Co	orporations			
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr.	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHC VENTURES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compan	y were filed on 04/01/2019	and assigned
lorida document numberL19000089534		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	2019 NO
D&C VENTURES LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "Ll	.C" or the abbreviation "Tall.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	405 Periwinkle Place	
	St. Johns, Florida 32259	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	405 Periwinkle Place	
	St. Johns, Florida 32259	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, ente	er the name of the new regist
New Registered Office Address: 405 Periwink	405 Periwinkle Place	
	Enter Florida street addi	ress
St. Johns	,	Florida 32259
	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>	<u>Address</u>	Type of Action
MGR	Michael S. Hurley	10767 Appaloosa Drive	□Add
		Jacksonville, F1, 32257	■Remove
			□ Change
			□ Remove
			Change
			□ Add
			Change
		····	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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D. If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
<u> </u>	
	
	•
(If an effective date is lis Note: If the date ins	ther than the date of filing:
	es a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of: ifter the record is filed.
Dated	Signature of a member or authorized representative of a member
Lonnie I	
	Typed or printed name of signce

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Filing Fee: \$25.00