L19000 097 996

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Amend

AUG 0.5 2019 I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corpora				•	
SUBJ	ECT:	DHMN E	ENTE:	PDR15E5 LL inhility Company	<u>C</u>	
The er	closed Articles of Ame	endment and fee(s) are	submitte	d for filing.		
Please	return all corresponden	nce concerning this ma	itter to the	e following:		
	_		MINI	4 NGO		
				Name of Person		
			DHI	MN ENTERPRI	SES	
				NN ENTERPRI Firm/Company		
		11	1807	SHIPE WYCLI	FE C	r
	-			Address	1	<u> </u>
	_	1	Amp	A FL 3362 ty/State and Zip Code	-6	
			•			
		E-mail uddre	ess: (to be	used for future annual report i	notification)	
For fu	rther information conce	rning this matter, plea	se call:	•		
	MINH N	60		at (<u>727</u>) <u>68 f</u> Area Code Day	1803	one Number
	Name of Pers	son		Area Code Day	time retepti	one (vumber
Enclos	ed is a check for the fol	llowing amount:				
12 \$2	25.00 Filing Fee □	1 \$30.00 Filing Fee & Certificate of Statu		1 \$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 P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION **OF**

OHMN ENTERPLISE (Name of the Limited Liability Compan (A Florida Limited Li	3 44
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000097996</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ly Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2(
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	2
	PA
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the ne
registered agent and/or the new registered office address here:	: ~ <u>~</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with th

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	DAVIN HAPPIS	1234 KINGSVIEW DRIVE	
		ATLANTA 6A 30080	Remove
			Change
<u> </u>	MENH NGO	11807 SHIRE WYCLIPPE C	Add Add
		11807 SHIRE WYCLIFFE C TAMPA FL 33626	□ Remove
			Change
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Effective da	ate, if other than the date of filing: (optional)
(If an effective Note: If the	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 (is date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	July 25 , 2019
	Signature dia illember or authorized representative of a member
	Minet NGO
_	Typed or printed name of signee

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Filing Fee: \$25.00