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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STAUG OCP LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Nante of Person
Stage and 114
STAUG OCP LLC Firm/Company
263 Majorca Rd
Address
ST. Augustine FL 32080 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Japan Wierth at (904) 814-2271
Name of Person at (904) 8/4-2271 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status (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

	OCP, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Cor.	npany were filed on	8/2/19	and assigned
Florida document numberL19000197222	e.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
			THE SEED TO
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			THE REPORT OF
B. If amending the registered agent and/or register	red office address on	our records ente	the rome of the per
registered agent and/or the new registered office addres		our records, ente	Co.
Name of New Projectored Assets			
Name of New Registered Agent:			
New Registered Office Address:	Euras Elavi	da street address	· · · · · · · · · · · · · · · · · · ·
	Estier Flort		
	City	, Florida _	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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Tracy Nierth	263 Hajorca Rd, ST. Augustino, FL 32080	Z Add
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