L19000247175

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COVER LETTER

TO: Registration Se Division of Cor				
	en on Me Investments, LLC			
SUBJECT:	Name of Lin	nited 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:		
	Derek Decker			
		Name of Person		
	Clarity Family Offices, L	LC	2021 APR 12 PH 2:	 (
		Firm/Company	7	(1 2
	7125 Headley Street, St	uite 213	2 P	<u> </u>
		Address	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	Ada, Michigan 49301		25	
		City/State and Zip Code		
	ddecker@clarityfo.com			
	E-mail address: (to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c	all:		
Ana Endres		616 450-2477		
Name o	f Person	Area Code Daytin	me 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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclose	
Mailing Addres		Street Address:		
Registration 9 Division of C		Registration Se Division of Co		
P.O. Box 632	•	The Centre of T		
Tallahaceee 1			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lien on Me Investments, LLC	<u></u>	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document numberL19000247175	pany were filed on10/11/2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
OA Investment 2020, LLC		22
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		PR III
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	12
		%d 2 111
Enter new mailing address, if applicable:		2: 25 - STATE - STATE
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Fld.d.	
	Florida	l Zip Code

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>	Address	Type of Action
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			□Change
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Filing Fee: \$25.00