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(Req	uestor's Name)	-	
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(City	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/11/2021	 	**WALK I	N**
ENTITY NAME_O	KMSERVICES, LLC		
COCUMENT NUM	3FR L20000018052		
DOCUMENT NUMI	3ER_LZ000001000Z		_
	PLEASE FILE TA	HE ATTACHED AND RETURN	
xxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts		
	Certificate of Good Sta	NOTARIAL CERTIFICATION**	
COUNTRY OF DEST	TINATION		
NUMBER OF CERTI	IFICATES REQUESTED		
TOTAL OWED \$2	5.00	ACCOUNT #: I20160000072	
Please call Tina	at the above number for	any issues or concerns. Thank you so much!	į

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION F

2021 JAN 11 AM 9:57

OKMservices LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6719 Mauna Loa Bivd		
(Principal office address MUST BE A STREET ADDRESS)	Sarasota FL, 34241		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6719 Mauna Loa Blvd Sarasota Fl., 34241		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the new	
New Registered Office Address:	Enter Florida street address		
	er er.		
	City Fiorida	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:

AMBR = 3 $Title$	Tanager Authorized Member Name	<u>Address</u>	2021 JAN II AM	9: 57 Type of Action
AMBR	Eric Aschwanden	6719 Mauna Loa Blvd	TALLARI WATER	TATE Flores
		Sarasota FL, 34241		□ Remove
				■ Change
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Note:	ve date, if other than the date of ective date is listed, the date must be speciff the date inserted in this block does ent's effective date on the Departmen	not meet the applicab	date of filing or more the	(optional nan 90 days after filin quirements, this dat	l) g.) Pursuant to 605.0207 (; e will not be listed as tl
	ord specifies a delayed effect 90th day after the record is f		an effective time	, at 12:01 a.m	. on the earlier of:
Dated _	01-11	, 2021	. •		
	ls/Eric Aschwanden				
	KlFric Aschwandon	of a member or authori	zed representative of a	member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00