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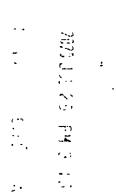
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US Glada

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp		
SUBJECT:	Woncas GAV	I, LLC
	Name of Limi	ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspon	ndence concerning this matter	to the following:
	Horo	Name of Person
		Name of Person
	HOR	Zacio Sosa P.A Firm/Company
		Firm/Company
	2924 D	avie Rd Ste. 102 -
	Davie,	FL 33314 ω
		, and
	E-mail address: (t	o be used for future annual report notification)
For further information ec	oncerning this matter, please ca	
Horacio		at (954) 532 9447
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
☑ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:
Registration S Division of Co		Registration Section Division of Corporations
P.O. Box 632	•	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concas 98 I,		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on or ability Company)	r records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000107469</u> .	were filed onO4_,	120/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Oakland 531, LLC		
The new name must be distinguishable and contain the words "Limited Liability"	ty Company." the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(NIA)	
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:	(N/A)	
(Mailing address MAY BE A POST OFFICE BOX)		
		\$ 5 E
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:)	s, enter the name of the new registered
New Registered Office Address: (N/A	Enter Florida stre	ret address
		5 1
	City -	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di rovided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

(N/A)
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>	Name	Address	Type of Action
	N/A		□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
			□Remove
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			□ Add
			□Remove
			☐ Change
			□ Change

cetive date, if other than the date of filing: (optional) effective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cumon be prior to date of filing or more than 90 days after filing.) Pursuant to 605.4 E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unrent's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. Signature of a member or authorized representative of a member HOFAGO SWEA	N/A	
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