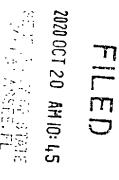
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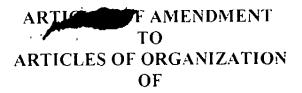
COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	ORROW LLC		^m	
SUBJECT:	Name of Limi	ited Liability Company	022	2: 11,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Laurah Boswell			·
		Name of Person		_
	Broad Financial LLC			
		Firm/Company .	- · · ·	
	1 Paragon Drive, Suite 270			_
		Address		
	Montvale, NJ 07645			
	·	City/State and Zip Code		
	E-mail address: (to be used for future annual report r	otification)	-
For further information	concerning this matter, please c	all:		
Laurah Boswell		845 352-3000 at ()		
Name	of Person	Area Code Day	time Telephone Num	per
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed
<u>Mailing Addre</u> Registration	Section	Street Address Registration	Section	
Division of 0 P.O. Box 63		Division of C The Centre o	Corporations f Tallahassee	
Tallahassee,			roe Street, Suite	: 810

Tallahassee, FL 32303



OZKUM MOR		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 120000205713	were filed on July 15, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	1750 Alta Vista, Sarasota FL, 34236	
(Principal office address MUST BE A STREET ADDRESS)		- 102E OC - 71
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1750 Alta Vista, Sarasota FL, 342363	120 A110 45
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new register
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:

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 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 Type of Action Address Title Name _ 🗆 Add Change Change _____ Change □ Remove _____ Change □Remove

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