## L20000 219929

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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OKEO L SUBJECT:	LC	, <b>4</b>	<b>)</b> • • • • • • • • • • • • • • • • • • •
SUBJECT:	Name of Lin	nited Liability Company	<del>-</del>
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LANI LOUSIGNONT		
	<del></del>	Name of Person	
	OKEO LLC		
		Firm/Company	
	145 SW 54TH TER		
		Address	
	CAPE CORAL, FL 33914		
		City/State and Zip Code	<del></del>
	lani7787@yahoo.com		
	E-mail address: (	to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
LANI LOUSIGNONT		702 575-8855	
Name	of Person		ime Telephone Number
Enclosed is a check for	the 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 (additional copy is enclosed)
	Section Corporations	Street Address: Registration S Division of C	orporations
P.O. Box 63 Tallahassee		The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

## TO ARTICLES OF ORGANIZATION OF

OKEO LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L20000219929	were filed on 7/14/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	145 SW 54TH TER		
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL	2020	
		#07 !2	
Enter new mailing address, if applicable:	145 SW 54TH TER	<u>ं</u> ।	
(Mailing address MAY BE A POST OFFICE BOX)	CAPE CORAL, FL 33914	3	
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	name of the new regi	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	laZip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furthe	er agree to comply wi	

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
AMBR	LANI LOUSIGNONT	145 SW 54TH TER	🗖 Add
		CAPE CORAL, FL 33914	□Remove
			Change
AMBR	UTA MICHELS	132 SW 54TH STREET	□Add
		CAPE CORAL, FL 33914	Remove
		<del></del>	Remove 220 Change
MGR	CRAIG LOUSIGNONT	145 SW 54TH TER	12
		CAPE CORAL, FL 33914	Ado 7
			□Add
			□Remove
<del></del>	<del></del>		
			□Remove
		<del></del>	Change
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		<del></del>	🗆 Remove
			□Change

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fective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block that the date inserted in the Date of the D	k does not meet the	e applicable statut	lling or more than 90 d ory filing requireme	_ (optional) ays after filing.) Pursuant to ents, this date will not be	605. liste
ocument's effective date on the Dep					
record specifies a delayed effective of	late, but not an effe	ective time, at 12:	01 a.m. on the earlie	er of: (b) The 90th day	after
record specifies a delayed effective of is filed.  NOVEMBER 6, 2020	11/6	./2020 	01 a.m. on the earlie	er of: (b) The 90th day	after
record specifies a delayed effective of is filed.  NOVEMBER 6, 2020  ated	<u> </u>		01 a.m. on the earlie		after