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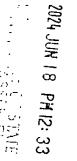
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dave'S MODERA designs LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Afronso Name of Person
times modern designs LLC-
5734 Kecton Springs Dr
Lakeland, FL 33811
City/State and Zip Code Oakbison builds a gmail. com E-mail address: (to be used for future aminal report notification)
For further information concerning this matter, please call:
David Afonso at (954) 642-6555 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ 525.00 Filing Fee ☐ \$30 00 Filing Fee & ☐ \$555.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daves Modern	Designs		
(Name of the Limited Liability Company (A Florida Limited Lia	ns it now appears on ou bility Company)	r records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2000 Zwy GYG</u>	ere filed on $3/$	26/2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili			
Oak Bison Builds LLC The new name must be distinguishable and contain the words "Limited Liability	·	<u></u>	20
The new name must be distinguishable and contain the words "Limited Liability	Company," the designat	ion "LLC" or the abbro	virtion "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	-
		ξο. " *	<u> </u>
Enter new mailing address, if applicable:			H 12: 3
(Mailing address MAY BE A POST OFFICE BOX)		·	ω
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our record	s, enter the name (of the new registered
•			
New Registered Office Address:	Enter Florida str	eet address	
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my do ovided for in Chapto	uties, and I am far er 605, F.S. Or, if	niliar with and this document is
		•	

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	<u>Address</u>	Type of Action
			DAdd
			Remove
			□ Change
			□Remove
		·	Change
			OAdd
			CRemove
			Change
			□Add
			□Remove
		☐ Change	
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			□ Change

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	<u> </u>
Note:	five date, if other than the date of filing: [Coptional] [Coptional]
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thilled.
Dated	6/18/20214
	Signature of a number or authorized representative of a member

Filing Fee: \$25.00