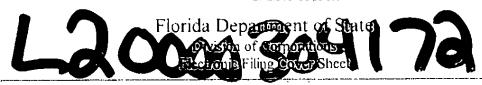
1/13/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 Phone : (305)871-0889 Fax Number : (305)870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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From: Yanelle Bannas

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COVER LETTER TO: Registration Section Division of Corporations OCMD INVESTMENTS LLC SUBJECT: 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: YANELLE M BARINAS Name of Person BARINAS & ASSOCIATES, INC. Firm Company 5701 NW 36 ST Address VIRGINIA GARDENS, FL 33166 City/State and Zip Code BARINASB@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 871-0889 305 YANELLE M BARINAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. S30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

18882140633

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCMD INVESTMENTS LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)	_	
The Articles of Organization for this Limited Liability Company w L20000304172	vere filed on	20 ai	nd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LLC" or the abbreviati	on "L.L.	C."
Enter new principal offices address, if applicable:		رن		
(Principal office address MUST BE A STREET ADDRESS)			2021	
			J/M 13	O P
Enter new mailing address, if applicable:			<u> </u>	in
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			- ? 3	
B. If amending the registered agent and/or registered office address here:		cords, <u>enter the n</u>	ame o	f the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Fiorada street	address		
	•			
	C'in	, Florida	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	performance of my duti	es, and I am famili	ar with	and

If Changing Registered Agent, Signature of New Registered Agent

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.

2021-01-13 17:00:42 GMT

DocuSign Envelope ID: AC0B93C5-E677-48DA-9E16-CDD5D605A285 It amenting Authorized rerson(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

To: 18506176383

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	OLIVER CHANG	1300 S MIAMI AVE APT 2301	⊠ ∧dd
		MIAMI, FL 33130	
			□ Remove
			□ Change
MGR	OLIVER CHANG	1300 S MIAMI AVE APT 2301	
		MIAMI, FL 33130	
			⊠ Remove
			Change
			Remove
			Change
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If the red (b) The	cord specifies a delayed effecti 90th day after the record is fi	ve date, but not an effective iled.	time, at 12:01 a.m. on the s	earlier of:
	,			
Dated				
		ØL .		

Page 3 of 3

Typed or printed name of signee

OLIVER CHANG

Filing Fee: \$25.00