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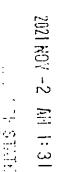
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## **COVER LETTER**

TO: Registration Se Division of Cor			
QHM Gene	eral, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Bruce Sands		
		Name of Person	
	Law Office of Bruce E. Sa	ands	
		Firm/Company	
	4041 E. River Dr.		
		Address	
	Fort Myers, FL 33916		
		City/State and Zip Code	
	bruce@brucesands.com		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)
Bruce Sands		239 351-5983	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	2415 N. MONTO	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHM General, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/19/2021 Florida document number 1.20000304604 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 332 Shoreline Dr. Enter new principal offices address, if applicable: Nacogdoches, TX 75964 (Principal office address MUST BE A STREET ADDRESS) 332 Shoreline Dr. Enter new mailing address, if applicable: Nacogdoches, TX 75964 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□ Add
			□ Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted indocument's effective date of	n this block does not n	neet the applicab	date of filing or mole statutory filin	op ore than 90 days af g requirements, t	otional) Acr filing.) Pursuant this date will not b	to 605.0207 e listed as
record specifies a delayed d is filed.	effective date, but not	t an effective tim	ne, at 12;01 a.m.	on the earlier of:	(b) The 90th day	y after the
Dated Oct 26		, 2021	_,			
	Signature of a	member or authori	ized representative	of a member		<del></del>
Bruce E. Sands,	Fea					

Filing Fee: \$25.00