LZO 000 369659

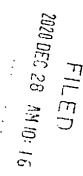
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Copies Certificates of Status	
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT·	Owen	Associates LLC	
		Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Sonia Becerra	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		3 (Greenway Plaza #1320	
			Address	· · · · · · · · · · · · · · · · · · ·
			Houston, Texas 77046	
City/State and Zip Code				
			filings@swyftfilings.com	
		E-mail address: (to be used for future annual report notif	cation)
For fu	rther information co	oncerning this matter, please co	all:	
Sonia Becerra			at (877) 777-045	50
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
Q \$2	5.00 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 ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Owen Associates LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	uppears on our records.) uny)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L20000369659</u> .	on11/23/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Owen Associates FI, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	282
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	LED 28 AM
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, enter the name of the new
New Registered Office Address:	ter Florida street address
	, Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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	Address	Type of Action
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Effective date, if other that fan effective date is listed, the date inserted in document's effective date on	this block does not	ng: nd cannot be prior to meet the applica	o date of filing or n	ore than 90 days aft	tional) er filing.) Pursua nis date will no	ant to 605.03 of be listed
ne record specifies a de The 90th day after th Dated	elayed effective	date, but not	an effective	time, at 12:01	a.m. on th	e earlier
······	1 //	//				

Page 3 of 3

Filing Fee: \$25.00