7/24/25, 2:51 PM

Division of Corporations

## vision of Corporations fronte Filing Gover Sheet

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(((H25000259687 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.

Account Number : I20140000036 Phone

: (305)733-8223

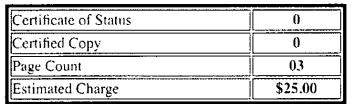
Fax Number

: (866)883-7019

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

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OKM GROUP LLC



Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

Page: 2 of 4 To: sur.biz sunbiz-Docusign Envelope ID. DD6D5681-E11B-461D-BE79-63A2A8878B42

2025-07-24 18.53:01 GMT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

(((H250002596873)))

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FALLAHASSEF: FLORIO 18668837019 From: Natalie Burns

OKM GROUP 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 L Florida document number  L21000177963	· · · · · ·	led on	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liability cor	npany here:			
The new name must be distinguishable and contain the v	vords "Limited Liability Comp	any," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applic	cable:		<del></del>		
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address	registered office address	on our records, <u>enter the n</u>	ame of the new registered		
Name of New Registered Agent:	COTON STINE				
New Registered Office Address:	165 NE 2ND AVE				
		Enter Florida street address			
	DELRAY BEACH  Cin	Florida	33444 Zip Code		
	City		sip com		

## 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.

If Changing Registered Agent, Signature of New Registered Agent

From: Netalie Burns

To: surbiz surbiz - Page: 3 of 4 2025-07-24 18:53:01 GMT 18668837019 From: Natalie Docusign Envelope ID. DD6D5681-E118-461D-BE79-63A2A8878B42 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H25000259687 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JNC Family Investments LLC	640 E. OCEAN AVE	□Add
		BOYNTON BEACH, FL 33435	■Remove
			□Change
MGR	COTON STINE	165 NE 2ND AVE	■Add
		DELRAY BEACH, FL 33444	□Remove
			□Change
			□Add
			□ Emove
			Change 2: 35 □ Remove
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iote: If the date inserted in this	block does not mee	t the applicable	statutory filing	requirements, thi	s date will not be lis	ted as the
ocument's effective date on the	Department of State	e's records.				
record specifies a delayed effect d is filed.	ive date, but not an	effective time.	at 12:01 a.m. o	n the earlier of: (b	) The 90th day after	er the
JULY 22	:	2025				
atedSigned h	· -					
Car.	<del></del>					
	Signature of a men	nbor or authorize	d representative	f a member		

Typed or printed name of signee