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COVER LETTER

TO:

TO: Registration S Division of Co			
ONTIC, I	ıLC	6	
SUBJECT:	Name of Lin	nited Liability Company	* *
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	CIERRA FUSSELL		
		Name of Person	_
	ONTIC, LLC		
		Firm/Company	-
	5494 CRUZAT WAY		21996
		Address	_ : :
	PENSACOLA, FL 32507		8 19
		City/State and Zip Code	-
	CIERRA@FINDINGSOLA	ACE.LIFE	ب
	E-mail address: ((to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	. , —
CIERRA FUSSELL		318 419-4900 at ()	
Name	of Person	Area Code Daytime Telephone Numb	er
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	eate of Status &
Mailing Addre		Street Address:	
Registration Division of (Section Corporations	Registration Section Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	
Tallahassee		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONTIC, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 04/27/2021	and assigned
· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	- 54 Wight St.	
(Principal office address MUST BE A STREET ADDRESS)	SM Wight St.	077 E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	514 Wight St. Persucula FL 37501	
B. If amending the registered agent and/or registered office:	address on our regards enter the name	a of the new register.
agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida City	Zip Code

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 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>	<u>Address</u>	Type of Action
AMBR	EMILY FUSSELL	5494 CRUZAT WAY	□Add
		PENSACOLA, FL 32507	≣Remove
			□Change
			
			□Remove
			□ Change
			—————————————————————————————————————
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Typed or printed name of signee