121000247971

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COVER LETTER

TO:

TO: Registration Section Division of Corporation			
SUBJECT: OCE	ANS ARU	ADE LLC.	
SUBJECT:	Name of Limit	cd Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following.	
	HANH	T. NGUYEN Name of Person	1
		Firm/Company	<u> </u>
	1285 HAR	M S WAY	
	PORT ORAN	GEFL 3212 City/State and Zip Code	
	HANHTNGUY E-mail address: (to	EN 67 @ GMA-iL o be used for future annual report notifi	cation)
For further information cor	acerning this matter, please ca	ll:	
HANH T. Name of	GUYEN Person	at (<u>360</u>) <u>223</u> Area Code Daytine	-6358 Telephone Number
Enclosed is a check for the	following amount:		
孚 \$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 Address Registration So Division of Co	ection orporations	Street Address: Registration Sec Division of Corp	porations
P.O. Box 6327 Tallahassee, F		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810
Tallahassee, F		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability Company as	ity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L 210002479.71</u>	e filed on $05/27/2021$ and assigned
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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	~ ?
_	
	,
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here: Name of New Registered Agent:	ress on our records, enter the name of the new registered
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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	formance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	HANH T. NGUYEN	1285 HARMS WAY PORTURANG	<u>E</u> X ∕Add
			□Remove
			🗀 Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing re ocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0; equirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day after t
$\frac{c.7 / 0.9}{\sqrt{2000}}, \frac{9.021}{\sqrt{2000}}$	
Signature of a nlember or authorized representative of	a member
Signature of a memoer of authorized representative of	