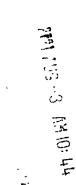
## L21000260838

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Special Instruction	s to F	iling Officer:		

Office Use Only



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## COVER LETTER

TO:	Registration Se Division of Cor			
CUP IE	OHLO ART	•		
SUBJE	UI:	Name of Lin	nited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	<del></del>
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
			to be used for future annual report no	uncation)
For furth	ter information co	oncerning this matter, please c	all:	
LOVET	TE DOBSON		888 462-3453 at ( )	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	d is a check for th	e following amount:		
₩ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S Division of Co		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHLO ART	'S LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000260838</u> .	were filed on 06/04/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1308 W BROWARD ST	a: <b>a</b>
Principal office address MUST BE A STREET ADDRESS)	LANTANA, FL 33462	22
		مبدر مبدر ا
		, is
inter new mailing address, if applicable:	1308 W BROWARD ST	
Mailing address MAY BE A POST OFFICE BOX)	LANTANA, FL 33462	 
		<u> </u>
8. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the	name of the new regist
	, Florid	ia
	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>	Name	Address	Type of Action
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			□Remove
			□Change
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be p  :: If the date inserted in this block does not meet the appending of the date on the Department of State's reco	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 60: blicable statutory filing requirements, this date will not be list rds.
ord specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after
July 15 2021	
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