L2100403507

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COVER LETTER

TO: Registration Section

Division of	Corporations		
OCALA	A MARKS PRIME PARTNERS,	LLC, a Florida limited liability co	mpany
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	JON I. MCGRAW		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	MCGRAW RAUBA MU	TARELLI PA	
		Firm/Company	
	35 SE 1st Avenue, Suite 1	02	
		Address	
	Ocala, Florida 34471		
		City/State and Zip Code	
	jon@lawmrm.com	(to be used for future annual report no	45
For further information	n concerning this matter, please of	•	uncadon)
Jon I. McGraw		352 789-6520	
Nam	e of Person		ne Telephone Number
Enclosed is a check for	r the following amount:		
■ \$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 Addr Registration Division of P.O. Box 63 Tallahassee	a Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 10 AM 9: 35

OCALA MARKS PRIME PARTNERS, LLC, a Florida limited liability company

SECTION STATE (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 Liability Company were filed on 09/13/2021 and assigned Florida document number L21000403507 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 Company," 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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
MGR DOUGLAS CONE	125 NE First Avenue	□Add	
		Suite 1	
		Ocala, Florida 34470	
MGR AZIM F. SAJU	AZIM F. SAJU	125 NE First Avenue	_
		Suite 1	_
		Ocala, Florida 34470	<u></u> -
MGR NAVROZ F. SAJU	125 NE First Avenue		
		Suite 1	
		Ocala, Florida 34470	
			<u> </u>
			_
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			——— □Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: If	e date, if other than the date of filing:
the record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Ma	ay 10 2022
	Signature of a member or authorized representative of a member
	Jon I. McGraw as Attorney/Registered Agent
	Typed or printed name of signee

Filing Fee: \$25.00