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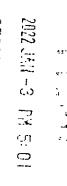
(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: HO	igan Side Wi	YK lited Liability.Company	
	reame of Emi	nted Clathity. Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mark Ho	igan Jr.	
		Name of Person	
		·	·
		Firm/Company	
	9725 Crotty	Avenue	
	_Hastings,f	FL 32145 City/State and Zip Code	
		to be used for future annual report noti	ication)
•	ncerning this matter, please c	au:	
Mark Haga	n Jr.	<u> </u>	5922
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fec	\$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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hagan Side	WORK LLC 2022 JAN -3 PM 5: 01
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L2100042505	
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the little Hagans Side Wo	imited liability company here: OVK LLC 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 AD	DRESS)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, enter the name of the new registered
NI CNI D. L. LA	
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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□ Remove
			□Change

(If an e Note:	tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	December 27th, 2021 May
	\cdot