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## **COVER LETTER**

TO:	Registration Sec Division of Corp						, <b>.</b> -	•
	Oak Rose Ri	dge LLC						
SUBJEC	CT:	:	Name of Limi	ited Liability (	Company			
The encl	losed Articles of A	mendment and fe	e(s) are sub	mitted for til	ing.			
Please re	eturn all correspon	dence concerning	this matter	to the follow	ing:			
		Jacqueline						
				Name o	of Person			
		ZenBusiness I	ЧC					
				Firm/C	Company		<del></del>	
		336 E. College	Ave Suite 3	301				
				Add	dress			
		Tallahassee, F	. 32301					
		fulfillment@zen	nbusiness.co	City/State a	nd Zip Cod	e	_	
		ı		o be used for	future annu	al report notif	ication)	<del></del>
For furth	ner information co	ncerning this mat	er, please ca	all:				
Jacqueli	ne c/o ZenBusines	ss INC		8 at (	<del>41</del> 4	193-6249		
	Name of	Person			ea Code	Daytime	: Telepho	ne Number
Enclosed	d is a check for the	following amour	jt:					
<b>■ \$</b> 25.	.00 Filing Fee	S30.00 Filing		Certit	) Filing Fed Ted Copy onal copy is e			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations			Regist Divisi The C	Address: tration Section of Corp centre of T N. Monroenassee, FL	poratio allahas Street	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oak Rose Riage LLC.					
(Name of )	he Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on o</u> iability Company)	ur records.)		
The Articles of Organization for this Lit Florida document number 1.210004530		were filed on 10/18/20	21	and as	signed
This amendment is submitted to amend					
A. If amending name, enter the new	name of the limited liab	lity company here:			
The new name must be distinguishable and con	ain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbi	eviation "I	L.C."
Enter new principal offices address, i	l'applicable:				
(Principal office address MUST BE A	STREET ADDRESS)				
					<del> </del>
Enter new mailing address, if applica	ble:				
(Mailing address MAY BE A POST O					
B. If amending the registered agent a		ddress on our record	s, <u>enter the name</u>	of the ne	w registered
agent and/or the new registered office	address nere:			; • ` ; • `	
Name of New Registered Age	nt:				<u> </u>
New Registered Office Addres			·	†7.	
New Registered Office Address	<u> </u>	Enter Florida str	et address		
			, Florida	<u> </u>	37
		City		Zip Code	
New Registered Agent's Signature, if ch					
I hereby accept the appointment as reprovisions of all statutes relative to the accept the obligations of my position heing filed to merely reflect a change company has been notified in writing	ne proper and complete as registered agent as p in the registered office	performance of my de provided for in Chapte	uties, and Lam fa. er 605, F.S. Or, ij	miliar wi <sup>e</sup> this doc	th and ument 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	Lorrie Allen		4720 Florida 81	□Add
			Ponce de Leon, FL 32455-5464	<b>≣</b> Remove
				☐ Change
				□Add
			<del></del>	□Remove
			<u> </u>	
		<del>_</del>		□Add
				□Remove
				☐ Change
				DAJd
				□Remove
				Change
				□Add
				Remove
		<u> </u>	□Change	
·				□Add
				□Remove

D. If amending any other information,	, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	<del></del>
E. Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), loss not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 14th	2022
/s/ Joshua Allen	
Signa	ature of a member or authorized representative of a member
Joshua Allen	
	Typed or printed name of signee

Filing Fee: \$25.00