## L21000490668

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

OBM PRO	FESSIONALS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	andence concerning this matter		
	LEANGELA S AITKEN		
	OBM PROFESSIONALS	Name of Person	
		Firm/Company	<del></del>
	2412 IRWIN STREET		
	MELBOURNE, FL 32901	Address	
	LEANGELA.AITKEN@GI	City/State and Zip Code MAIL.COM	
	E-mail address: (	to be used for future annual report not	ification)
	concerning this matter, please c		
LEANGELA AITKEN		216 543-5961at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 633	27	The Centre of	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OBM PROFESSIONALS LLC		J/// FEB - ,	PM 2: 2)
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Co Florida document number 1.21000490668			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
OBM VIRTUAL PROFESSIONALS LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
Timepar office and con 12001 B2 11 81 11 20 1			
			<del>-1-</del>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
<u></u>			
	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, enter the nan	ne of the new registe
ecent and/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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
MGR	AARON V AITKEN	2540 WILD WOOD DR, MELBOURNE FL, 32935	XAdd
			□Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
<del></del>			□Add
		•	□Remove
			□Change
			🗆 Add
			□Remove
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		🗆 Add	
			□Remove
		-	□Change
			🗆 Add
			□Remove

Effect	ive date, if other than the date of filing: (optional)
(If an ef Note:	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne recor ord is fi	d 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 led.
	FEBRUARY 4 2022
	ā
Dated	
Dated	Lengele S. Ather
Dated	League S. Ather Signature of a member or authorized representative of a member