

K21000514148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

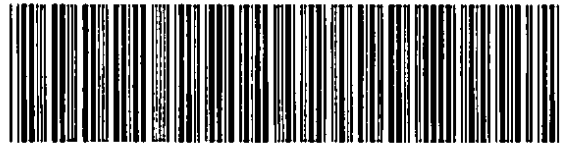
(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Oom Yung Doe Southeast Region LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne M. Lenihan

\_\_\_\_\_  
Name of Person

Oom Yung Doe Southeast Region LLC.

\_\_\_\_\_  
Firm/Company

5703 Red Bug Lake Road 131

\_\_\_\_\_  
Address

Winter Springs Florida 32708

\_\_\_\_\_  
City/State and Zip Code

oydwaynelenihan@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne M. Lenihan

407

222-8685

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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 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**

Oom Yung Doe Southeast Region LLC.

(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 DECEMBER 06, 2021 and assigned  
Florida document number L21000514148.

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:**

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Wayne M. Lenihan	5703 Red Bug Lake 131	<input checked="" type="checkbox"/> Add
		Winter Springs, Florida 32708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Matthew Gammon	P.O. Box 140327	<input type="checkbox"/> Add
		Gainesville, Florida 32614	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kerry A. Lenihan	5703 Red Bug Lake Road 131	<input type="checkbox"/> Add
		Winter Springs, Florida 32708	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Adrianne M. Harman	P.O. Box 701358	<input type="checkbox"/> Add
		Saint Cloud, Florida 34770	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Wayne M. Lenihan is being added as "MGR". Wayne M. Lenihan was the registering agent and was not added as "Authorized Person" at time of registration.

Matthew Gammon had a address change.

Kerry A. Lenihan had a title change from "AR" to "MGR."

Adrianne M. Harman had a title change From "AR" to "MGR."

Hope I completed the proper paperwork correctly this time. Thank you for handling this for us.

Have a wonderful Holiday Season!!!

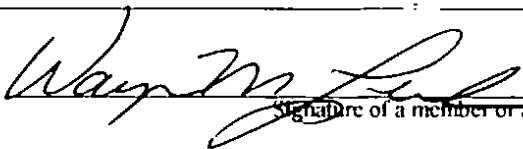
**E. Effective date, if other than the date of filing:** 01 / 01 / 2022 **(optional)**

*(If an effective 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)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 12th 2021



Signature of a member or authorized representative of a member

Wayne M. Lenihan

Typed or printed name of signee