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(((H22000083970 3)))



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To:	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : NRAI SERVICES, LLC	
	Account Number : I20080000104	
	Phone : (302)674-4089	₩
	Fax Number : (302)674-5266	
*Enter anı	the email address for this business entity to be used for nual report mailings. Enter only one email address please.	future
Ema	ail Address:	
		<del> <u></u></del>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OK RIVERSIDE LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$55.00	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OK RIVERSIDE LLC	
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	D
The Articles of Organization for this Limited Liability Company were filed on 12/16/2021  Florida document number 121000529771	and assigned
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:	22 <del>**</del>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	s, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	······································
, FI	orida
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

AMBR = Authorized Member

## 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 Homour records.

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAY REINHARD	980 SYLVAN AVE.	Add
	• <u>•</u>	ENGLEWOOD CLIFFS NJ 07632	■ Remove
			Change
MGR —	OK VENTURES LLC	980 SYLVAN AVE.	Add
		ENGLEWOOD CLIFFS NJ 07632	☐ Remove
			Change
			Add
			☐ Remove
			Change
			O Add
			Remove
			☐ Change
			D Add
			Remove
			Change
			□ Add
			☐ Remove
			Change

If amending any other informati	on, enter change(s) here	e: (Attach additional sheets, if necessary.,	H220000839
			<u></u>
		······································	
			<del></del>
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the appli-	(optional) or to date of filing or more than 90 days after filing.) cable statutory filing requirements, this date of	Pursuant to 605.0207 will not be listed as
the record specifies a delayed ) The 90th day after the rec	l effective date, but no ord is filed.	ot an effective time, at 12:01 a.m. o	on the earlier of
Dated March 4	, 2022	·	
/s/ Jay Reinhard		horized representative of a member	
	Signature of a member or aut	norized representative of a member	
Jay Reinhard			
	Typed or prin	nted name of signee	<del></del>

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Filing Fee: \$25.00