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(((H22000083967 3)))



H220000839673ABC4

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	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
-	al report mailings. Enter only one email address please.**
<del></del>	
	C AMND/RESTATE/CORRECT OR M/MG RESIGN
· LL	
	OK HARBOR COVE LLC
_	

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

FILED 022 MAR -7 AM 9: 31

## ARTICLES OF AMENDMENT TQ ARTICLES OF ORGANIZATION OF

H22000083967 3

OK HARBOR C	OVE LLC	
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on 12/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		*** *** ******************************
	-	AAKI AAKI TEE
Enter new mailing address, if applicable:		<u>,, <del>d</del></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u>μ</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, <u>enter t</u> g:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	hip cone

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:

H22000083967 3

MGR = Manager AMBR = Authorized Member

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

If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)	H2200008396
		· <del></del>
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		<del></del>
		<del></del>
		<del></del>
Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	ursuant to 605.0207 (2 Il not be listed as th
the record specifies a delayed  ) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on ord is filed.	the earlier of:
Dated March 4	2022	
/s/ Jay Reinhard	Signature of a member or authorized representative of a member	
Jay Reinhard		

Page 3 of 3

Filing Fee: \$25.00