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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Filir	g Officer:	
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	rations				
SUBJECT: C	Marketing	ited Liability Company			
	ranc or sem	ned Elability Company			
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	NAIS IL	Mame of Person			
		Name of Person	<del></del>		
	2 . 2 . 22 . 2	200-110			
		PRIETING CCC Firm/Company			
	Cers SW	14712 AVE			
		Address			
	PEMBLOKE	Address PINES, FL 330 City/State and Zip Code	7		
		City/State and Zip Code			
	OVAIS MIAN	1 NOOR @ GM Q (OV to be used for future admual report notification	7		
•	E-mail address: (t	to be used for fitture arinual report notification	m)		
For further information cond	cerning this matter, please co	all:			
		-01 (17 1	NU C		
OVAIS MIANN		at (786) CA7-(	ephone Number		
Mane of 18	113041	Med Code Daytime Tele	inoite Number		
Enclosed is a check for the f	following amount:				
\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:			
Registration Sec	ction	Registration Section	1		
Division of Cor	porations	Division of Corpora			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Ovin Marketing	a LLC	2022 HAY 26 PM 6: 05
(Name of the Limited Lia (A Flo	bility Company as it now appears of rida Limited Liability Company)	Malannassee, FL
The Articles of Organization for this Limited Liability Florida document number		14 2022 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here	:
The new name must be distinguishable and contain the words "l	Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_	City	Florida 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> AMBR	Name OVAIS	MIANNOOR	Address (OTSW 14771 AVE PRUBECKE POLS, F	Type of Action
				□Remove
				_ □Change
		<del></del>		_ □Add
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f an effecti <u>Note:</u> If (	ive date is liste the date inse	her than the ed, the date must rited in this blo date on the De	t be specific at ock does not	nd cannot be p meet the ap	plicable statute	ing or more than	(option 90 days after fil ements, this d	al) ing.) Pursuant to 60 ate will not be li	05.0207 sted as
e record sport is filed.	pecifies a de	layed effective	e date, but no	ot an effecti	ve time, at 12:0	)1 a.m. on the e	arlier of: (b)	The 90th day af	ter the
Dated		23°d		202	Z.				
			0 -	7					
	<	1	Signature of:	1 member or :	authorized repre-	entative of a mer	nber		