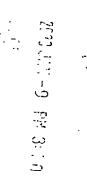
## L22 000 117 335

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
		OCTURNO LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>	
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		PINA YADONISI			
			Name of Person	·	
		CASYA BUSINESS SOL	UTIONS CORP		
			Firm/Company	- 110.01 · · . · . · · · · · · · · · · · ·	
		15800 PINES BLVD SUI	TE 305		50
		·	Address		Co.3
		PEMBROKE PINES, FL.	33027		<u></u>
			City/State and Zip Code	<del>.</del>	3
		CASYABUSINESS@YAI	IOO.COM to be used for future annual report not	ic	3: Ei
For further in	iformation c	oncerning this matter, please c	-	meation)	ÛB
PINA YADO	ONISI		954 3625194		
· <b></b>	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
finclosed is a	check for th	ne following amount:			
<b>■</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fed Certificate of Standard Certified Copy (additional copy is e	atus &
Mai	iling Addres	s:	Street Address:		
Rej	gistration S	Section	Registration Se		
		orporations	Division of Co	•	
	). Box 632 Iahassee, I		The Centre of 2415 N. Monro	rananassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	ty Company as it now appears on our record- Limited Liability Company)	<u></u>
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 03/08/2022	and assigned
Florida document number L22000117335	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	707
		نب نبی از این از ای
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		n 10
		့် ယူ
		50
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, <u>enter</u>	the name of the new reg
		11 <b>12</b> 1
New Registered Office Address:	Enter Florida strevt address	· · · · · · · · · · · · · · · · · · ·
	, Flo	
	City , P10	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>	Address	Type of Action
MGR	COVUCCIA. MARIA L	129 NE 60TH ST	□ Add
		MIAMI, FL 33137	<b>≘</b> Remove
			□ Change
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fother than the date of filing:  slisted, the date must be specific and cannot be prior to date of filing or more than 90 conserted in this block does not meet the applicable statutory filing requirement of the Department of State's records.		
a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	ier of: (b) The 90d	h day after t
ER 16 , 2022		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00