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SECRETARY OF STATE

FILED

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
CIID IC CYT.	OMAWUN	MAX LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		RUKAYAT ODUOLA				
	Name of Person					
		····	Firm/Company			
		21201 NW 14TH PL APT 118				
			Address			
		MIAMI GARDENS, FLO				
		ODUOLAOMOWUNMI@	City/State and Zip Code CGMAIL.COM			
		E-mail address: (to be used for future annual report notification)			
For further in	iformation c	oncerning this matter, please co	all:			
RUKAYAT	ODUOLA		504 205-8214 at ()			
	Name o	f Person	Area Code Daytime Telephone Number			
Enclosed is a	check for th	oe following amount:	•			
≅ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)			
Reg Div P.C	iling Addressignstration Serision of Cook Box 632 lahassee, F	ocction orporations 7	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

OMAWUNMAX 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 $\frac{03/18/2022}{1}$ ____ and assigned Florida document number L22000135180 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE OMOWUNMI CO, LLC 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

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.

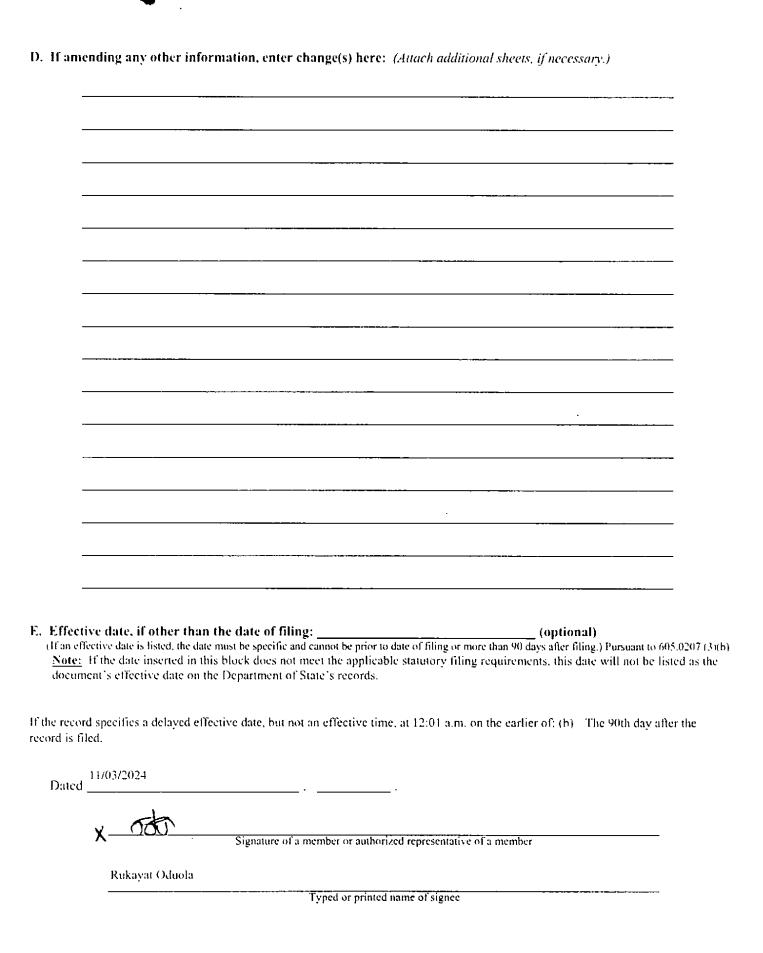
City

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>	Name	Address	Type of Action
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			\ _Add
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			Change
			□Add
			□Remove
			□Change



Filing Fee: \$25.00