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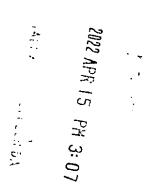
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COVER LETTER

TO;	Registration Se Division of Cor			
CUBIC	OLP-404, I	LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	_
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Matt C. Myers, Esq.		
			Name of Person	_ _
		Langford & Myers, P.A.		
			Firm/Company	
		1715 W Cleveland St		
			Address	
		Tampa, Florida 33606		
			City/State and Zip Code	
		matt@langfordmyers.com		_
For furti	her information c	e-mail address: (to be used for future annual report notification) all:	
Matt C.	Myers, Esq.		813 251-5533 at ()	
	Name o	f Person	Area Code Daytime Telephone Num	iber
Enclosed	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C	orporations	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street. Suite	· 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

OLP-404, LLC

2022 APR 15 AM 8: 02

(Name of the Limited Liability Compa	ny as it now appears on our tec-	Selfate D. V. Communication Transfer
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company) 7A.1	LEAHASSE STATE
The Articles of Organization for this Limited Liability Company	were filed on April 6, 2022	and assigned
Florida document number L22000146751		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20000	
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:	P. O. Box 1031	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33606	
		· — · — · — · · · · · · · · · · · · · ·
	<u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our records, ento	er the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D. C. LOW ALL		_
New Registered Office Address:	Enter Florida street addr	ress
	, I	Florida = Zip Code
Now Desictored Agent's County of the same Desired Agent	City	21р Соне
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>	Name	Address	Type of Action
			□Add
			
			□Change
		······	□Add
			□Remove
			[]Change
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Effective date, if other than the if an effective date is listed, the date many note: If the date inserted in this bedocument's effective date on the I	ust be specific and canno block does not meet th	et be prior to date o re applicable sta	of filing or more than state of filing require	(optional) 0 days after filing.) Pu ments, this date wil	rsuant to 605,0207 (not be listed as (
record specifies a delayed effecti d is filed.	ve date, but not an eff	fective time, at 1	2:01 a.m. on the ea	rlier of: (h) The 9(th day after the
Dated April 15	202	2			
	17 H	9			
	C. XV.	100			
- Alsta	Signature of a memory	r or authorized re	presentative of a mem	ber	

Filing Fee: \$25.00