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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OORI-GUH LLC

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## **COVER LETTER**

TO:	Registration So Division of Cor			* * * * * * * * * * * * * * * * * * * *
SUBJE	OORI-GU	JH¿LLC	•	•
SORE	Cr	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please t	return all correspo	ondence concerning this matter	to the following:	
		Wendy Hefley		
			Name of Person	
		InCorp Services, Inc.		
			Firm/Company	
		3773 Howard Hughes	Pkwy Suite 500S	
			Address	
		Las Vegas, NV 89169	r-6014	
			City/State and Zip Code	
		wendy.hefley@incorp.o	to be used for future annual	rport notification)
r 6	skaa in Communica	concerning this matter, please o		<b></b>
For tur	mer information (	concerning this matter, prease c		_
Wend	y Hefley		800-246-267	
	Name o	of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>■ \$</b> 2:	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
	Mailing Addre			ation Section
	Division of C	Corporations		of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OORI-GUH LLC		
(Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)	
(		
The Articles of Organization for this Limited Liability Com	pany were filed on 05/11/2022	and assigned
Florida document number L22000221472		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company bere:	•
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		e.i
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the b</u>	ame of the new registered
agent and of the new registered office address never		022
Name of New Registered Agent:		OCT A
		45 PP
New Registered Office Address:	Enter Florida street address	AH COV
	. Florida	# <b>60</b>
	City . Florida	Zip Chile

## 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>Namc</u>	Address	Type of Action
AMBR	Lusia K Donovan	1321 Apopka Airport Rd, Unit 108	
		Apopka, FL 32712	ERemove
			□ Change
AMBR	Aylwin D Donovan	1321 Apopka Airport Rd, Unit 108	□Abd
		Apopka, FL 32712	∃Remove
			[] Change
AMBR L	Birch Grove Holdings LLC-Oori-Guh-Series 2	1910 Thomes Ave	⊡Add
		Cheyenne, WY 82001	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Note:	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	October 25, 2022
	Signature of a member or authorized representative of a member
	Lusia Donovan Typed or printed name of signee

Filing Fee: \$25.00